



Business Experience

(List present or last position first. Please attach a separate sheet if additional space is needed.) If you do not wish your present employer contacted please advise us.

Company: _____ Address: _____
 Type of business: _____ Employed from: _____ to: _____
 Position: _____ Annual Salary: _____
 Supervisor: _____ Telephone: () _____
 Describe duties, responsibilities and number of employees supervised: _____

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Have you ever owned or had an interest in a business venture? _____

Give details _____

Please describe any previous experience relevant to the rust protection industry: _____

Will you have a business partner? _____

Name of partner(s) _____

Note: A separate application and financial statement is required for each partner. Indicate the operating partner.

Education

Mark last year completed:

High School: 9 10 11 12

College/University 1 2 3 4

Designation or Degree obtained: _____

Provide name of College or University of Graduation: _____

Explain any training in sales, management, marketing or retailing: _____



Additional Information

(Please attach separate pages for additional pertinent information regarding any area)

How or why did you become interested in **PRO FLEET CARE™**? _____

What other businesses have you investigated? _____

How long have you been looking for a business? _____

What do you like about the **PRO FLEET CARE™** concept? _____

Describe your qualifications to operate a **PRO FLEET CARE™** Franchise? _____

Will you be responsible for the day-to-day operation of the **PRO FLEET CARE™** business? _____

Explain what "franchising" is to you? _____

How would you describe the roles and relationship between the franchisor and the franchisee? _____

If you were awarded a franchise, what would you do and how would you make it successful? _____

How many hours per week are you willing to work in the business? _____

How many hours per week is your spouse and/or partner willing to work in the business? _____

Are you prepared to actively market your business outside of your location? _____

When would you be able to start? _____

Please provide: Lawyer's Name: _____ Phone Number: _____

Accountant's Name: _____ Phone Number: _____

Biographical Profile

Describe those factors, which may be relevant to **PRO FLEET CARE™** in considering your application for a franchise (i.e. lifestyle, intellectual pursuits, community involvement, business experience, personal history, hobbies etc.)



Personal Financial Statement

The following is a statement of all my assets and liabilities as of the _____ day of _____, 20__.

Assets – List and Describe All Assets	
Cash	\$
Accounts, Loans and Notes Receivable	
Marketable Securities, Stocks and Bonds, Non Registered	
Retirement Accounts i.e. Registered Retirement Savings Plan	
Other Retirement Accounts	
Real Estate Owned	
Real Estate Mortgages Receivable	
Automobile(s)	
Other Assets (itemize)	
Total Assets	\$

Liabilities – List and Describe All Liabilities	Balance Owning	Monthly Payment
Bank Loans	\$	\$
Amounts Payable to Friends and Relatives (include alimony and child support)		
Credit Cards (itemize)		
Mortgages on Real Estate Owned		
Unpaid Income Tax and Other Taxes and Interest		
Other Debts (itemize)		
Total Monthly Payments		\$
Total Liabilities	\$	
Net Worth (Total Assets – Total Liabilities)	\$	

Applicant's Salary _____
 Spouse's Salary _____
 Bonus & Commissions _____
 Dividends _____
 Net Real Estate Income _____
 Other Income _____
 Total Annual Income _____

Please itemize other sources of income:



Names of banks, trust or finance companies where accounts are carried or where credit can be obtained:

Name & Location of Banks and Phone Numbers	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed or Secured	Guaranteed

Personal and Business References

Name	Address and Telephone	Position/Relationship

How will you finance your **PRO FLEET CARE™** location? _____

How much unencumbered cash do you have available for this investment? _____

Which specific assets do you intend to use to meet the cash needs?

a) _____ b) _____

How much capital will you have to borrow? _____ Will you require assistance to obtain financing? _____

What is the minimum income you need during the first year in business? _____

Do you understand that the success or failure of your business is primarily your responsibility? _____

Are you interested in single or multiple unit opportunities? _____

The foregoing information fully and accurately represents the true and accurate financial condition of the applicant(s). The undersigned applicant(s) will notify **PRO FLEET CARE™** in writing of any changes in his or her financial condition. The undersigned applicant(s) hereby consent to the disclosure of the information contained in this Confidential Qualification Review to any credit grantor or consumer reporting agency with whom we and/or the applicant may transact for the purpose of evaluating your qualifications as a **PRO FLEET CARE™** Franchisee.

Dated this ____ day of _____, 20 ____.

Witness

Applicant

Witness

Applicant

Sign and mail to:
Pro Fleet Care Corporate Office
 51 Sundial Crescent, Dundas, Ontario L9H 7R6
 or fax to 905-667-8595