





### 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: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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 \_\_\_\_\_, 200\_\_.

Assets – List and Describe All Assets	
Cash (give details on Schedule 4)	\$
Accounts, Loans and Notes Receivable (give details on Schedule 1)	
Marketable Securities, Stocks and Bonds, Non Registered (give details on Schedule 2A)	
Retirement Accounts i.e. Registered Retirement Savings Plan (give details on Schedule 2B)	
Other Retirement Accounts (give details on Schedule 2C)	
Real Estate Owned (give details on Schedule 3)	
Real Estate Mortgages Receivable	
Automobile(s)	
Other Assets (itemize)	
<b>Total Assets</b>	<b>\$</b>

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 (give details on Schedule 3)		
Unpaid Income Tax and Other Taxes and Interest		
Other Debts (itemize)		
<b>Total Monthly Payments</b>		<b>\$</b>
<b>Total Liabilities</b>	<b>\$</b>	
<b>Net Worth (Total Assets – Total Liabilities)</b>	<b>\$</b>	

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:  
Schedule 4

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 \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

Please return to:  
**Pro Fleet Care Corporate Office**  
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