

## Franchise/Dealership Application

The following confidential information forms the basis for my franchise/dealership application. This is not a contract. The submission of this application does not obligate PRO FLEET CARE or myself in any way or manner.

By signing below, I consent to providing full and accurate information. I consent to the disclosure of the information contained for the purpose of evaluating my qualifications as a PRO FLEET CARE franchisee or dealer. Unless otherwise noted in this application, I also consent to the references noted to be contacted by representatives of PRO FLEET CARE for the purpose of evaluating my qualifications.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Application Details

Which territories/areas are you interested in? \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_

When would you be able to start your business? \_\_\_\_\_

Will you have a business partner? If so, please provide name and contact details.

\_\_\_\_\_

## Personal Data

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address (Street, City, Province/State, Postal/Zip Code) \_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

# PRO FLEET CARE

Previous Address (Street, City, Province/State, Postal/Zip Code) \_\_\_\_\_

---

Phone number and best time to call \_\_\_\_\_

Marital Status \_\_\_\_\_ Full Legal Name of Spouse \_\_\_\_\_

Current Occupation of Spouse \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Ages of Children \_\_\_\_\_

List of languages you speak fluently \_\_\_\_\_

---

Health Condition \_\_\_\_\_

Do you have any illness / disability? Please describe.

---

---

Are you or have you been in the last 36 months a Plaintiff or Defendant in any type of litigation?  
Please provide details.

---

---

Have you been convicted of an offence for which you have not received a pardon? Please  
provide details.

---

---

Have you or any company for which you were associated ever been involved in bankruptcy  
proceedings? Please provide details.

---

---

---

Are you related to any officer, director, supplier, employee or franchisee of PRO FLEET CARE?  
If yes, Please provide name(s).

---

---

# PROFLEETCARE

## Section 4 of 8

### Business Experience

If you do not wish your current and/or previous employer contacted, please advise us.

Current Company and Phone Number

---

Current Position and Duties

---

Previous Company and Phone Number

---

Previous Position and Duties

---

Have you ever owned or had an interest in a business venture? Please provide details.

---

Please describe any previous experience relevant to the rust protection industry

---

## Section 5 of 8

### Education

High School - last year completed \_\_\_\_\_

College / University - last year completed \_\_\_\_\_

Designation or Degree obtained, if applicable \_\_\_\_\_

Provide name of College or University of Graduation, if applicable \_\_\_\_\_

---

Explain any training in sales, management, marketing or retailing \_\_\_\_\_

---

---

# PRO FLEET CARE

## Section 6 of 8

### Personal Financial Information

If required, I will provide a personal financial statement to PRO FLEET CARE (including sources of income, assets and liabilities).  Yes, I agree.  Other: \_\_\_\_\_

How will you finance your PRO FLEET CARE business? \_\_\_\_\_

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

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? \_\_\_\_\_

## Section 7 of 8

### Additional Information

How and/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 business? \_\_\_\_\_  
\_\_\_\_\_

Describe your qualifications to operate a PRO FLEET CARE business? \_\_\_\_\_  
\_\_\_\_\_

How would you describe the roles and relationship between the Head Office and the franchisee / dealer? \_\_\_\_\_  
\_\_\_\_\_

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

# PRO FLEET CARE

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

---

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?

---

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

---

Section 8 of 8

## References

These references may be contacted for information.

Please provide a personal reference (name, relationship, phone number)

---

---

Please provide a business reference (name, relationship, phone number)

---

---

Please provide you lawyer's name and phone number

---

---

Please provide your accountant's name and phone number

---

---

**PLEASE RETURN TO: PRO FLEET CARE HEAD OFFICE [info@profleetcare.com](mailto:info@profleetcare.com)  
97 MCBAY ROAD, BRANTFORD, ONTARIO, CANADA N3S 0H9**