

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

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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

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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

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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? _____

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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?

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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 your 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
97 MCBAY ROAD, BRANTFORD, ONTARIO, CANADA N3S 0H9**