



FRANCHISE APPLICANT PERSONAL INFORMATION

DATE:

Name _____ Home Phone _____ Cell Phone _____

Residential Address _____ Business Phone _____ Email _____

City _____ May we contact you on your business phone? _____

Postal Code _____ Social Insurance Number (Optional) _____

Date of Birth _____ Marital Status _____

Spouse's Name _____ Total Dependents _____

Will you have a partner(s) in this business? Yes No

Have you ever been convicted of a criminal offense? No Yes (explain) _____

Language(s) English French Other (specify) _____ Written: Language(s) English French Other (specify) _____

PERSONAL FINANCIAL STATEMENT

(Please answer all questions using "no" or "none" where appropriate) as of _____

ASSETS

| | |
|---|----------|
| Cash on Hand..... | \$ _____ |
| RRSP's | \$ _____ |
| Other Pensions | \$ _____ |
| Stocks & Bonds | \$ _____ |
| Real Estate (Current Value) | \$ _____ |
| Motor Vehicles (Current Value) | \$ _____ |
| Cash Surrender Value – Life Ins. Policy | \$ _____ |
| Other Assets – Itemize | \$ _____ |
| 1. Total Assets | \$ _____ |

LIABILITIES

| | |
|--------------------------------------|----------|
| Mortgages Against Real Estate..... | \$ _____ |
| Vehicle Loans | \$ _____ |
| Other Loans | \$ _____ |
| Personal Taxes & Assessments Payable | \$ _____ |
| Credit Card Amounts Owing | \$ _____ |
| Other Liabilities – Itemize | \$ _____ |
| 2. Total Liabilities | \$ _____ |
| 1. TOTAL ASSETS | \$ _____ |
| 2. TOTAL LIABILITIES | \$ _____ |
| NET WORTH (subtract 2 from 1) | \$ _____ |

Note the items which you would convert to cash, if necessary, to meet the initial cash requirements for a Greco Franchise. Please use an additional page(s) if there is insufficient space here. Proof of value may be required later.

EDUCATION

Last year of school completed Name of College and/or Post Grad School Degree(s) Diplomas

Describe any training in sales, management, or retailing.

BUSINESS EXPERIENCE

Present Occupation Position Dated Employed

Company Name Business Address, City, Province, Postal Code

PREVIOUS BUSINESS EXPERIENCE

1) Dates Employed Position Company Type of Business

Responsibilities



2) Dates Employed Position Company Type of Business

Responsibilities

TO GRINNER’S FOOD SYSTEMS LIMITED: I certify that the personal and financial statement of my property and debts is true. I declare that neither my spouse nor any other person has any claim to the assets shown except as set out therein. The whole of my property is shown at a fair valuation. I, or any company I own, is not being sued and there are no executions against me, nor do I owe anything to any other person or institution except as reported.

I AUTHORIZE GRINNER’S FOOD SYSTEMS LIMITED OR ITS REPRESENTATIVES TO OBTAIN SUCH FACTUAL, INVESTIGATIVE, AND FINANCIAL INFORMATION REGARDING ME, OR ANY COMPANY I OWN SHARES IN, FROM OTHERS, INCLUDING ANY CREDIT REPORTING AGENCY BANK, CREDIT GRANTOR, OR ANY OTHER PARTY WITH WHICH GRINNER’S FOOD SYSTEMS LIMITED HAS FINANCIAL RELATIONS. AS PERMITTED BY LAW, AND TO FURNISH SUCH PARTIES WITH PARTICULARS OF THIS APPLICATION AND TO RETAIN THIS APPLICATION FOR CORPORATE RECORDS. I MAY WISH TO INFORM MY BANK THAT GRINNER’S FOOD SYSTEMS LIMITED MAY BE CALLING TO CONFIRM MY FINANCIAL RESOURCES.

Witness _____ Signature _____ Date _____

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|---|---|
| Confidential. This application does not obligate either party in any manner. | Member: |
| Applicants are not required to give any information prohibited by law. Our franchise policies are non-discriminatory regarding age, color, sex, religion, national origin, marital status, race, or handicap. |  |
| Greco Pizza and 310-30-30 are Registered Trademarks of Grinner’s Food Systems Limited, used under license Capt. Submarine is a Trademark of Cap. Sub Canada Limited, used under license. |  |