

APPLICANT INFORMATION

Applicant First Name		Last Name		Citizenship	
Date of Birth (mm/dd/yyyy)			Social Insurance No.		
Address	Street			Unit/Apt.	
	City		Province	Postal Code	
Tel (Cell)			Tel (Business)		
Spouse's Name			Tel		
Number of Dependants					

EMPLOYMENT

Present Employer			Position		
Business Address	Street			Unit/Apt.	
	City		Province	Postal Code	
Since (mm/yy)					
Previous Employer			Position		
Business Address	Street			Unit/Apt.	
	City		Province	Postal Code	
From (mm/yy)			To (mm/yy)		
Reason of Quit					

EDUCATION

High School		Year Completed
College/University		Year Completed
Other		

BUSINESS REFERENCES

1st Person	Name and Position
	Company
	Address
	Tel
2nd Person	Name and Position
	Company
	Address
	Tel

PERSONAL REFERENCES

1st Person	Name and Position
	Company
	Address
	Tel
2nd Person	Name and Position
	Company
	Address
	Tel

STATEMENT OF NET WORTH

ASSETS		LIABILITIES	
Cash		Notes Payable	
Notes/Accounts Due		Notes/Accounts Due	
Real Estate		Loans on Life Insurance Policies	
Cash Surrender Value of Insurance (Not Face Value)		Unpaid Taxes	
Stocks, Bonds, etc.		Loans from Other Sources	

Automobiles	Other
Misc	Other
TOTAL ASSETS	TOTAL LIABILITIES
NET WORTH = TOTAL ASSETS - TOTAL LIABILITIES	NET WORTH

Assets are held jointly with spouse YES NO

Details of any judgments against you and any pending litigation (or N/A)

Unencumbered cash and working capital available for use in a franchise business

How do you anticipate financing the balance of the total initial investment?

GENERAL

Why are you interested in becoming a MEET FRESH franchisee?

Have you ever been or are you currently a franchisee of another brand? YES NO

If YES, please provide details on the brand, number of units owned, and timeframe

Will you have a partner? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Partner
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Will he/she be active? YES <input type="checkbox"/> NO <input type="checkbox"/>
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What are your choices of Location?
1st

2nd

3rd

I certify that the information in this Franchise Application is true and accurate to the best of my knowledge. I understand that submitting the information in this Franchise Application does not obligate either of the parties to purchase or sell a franchise, nor does it in any way constitute an agreement or commitment upon either party.

I authorize all credit rating agencies, and the reference named above, to release to MF MASTER INC. all information (including personal and financial information) known to them about me. I authorize MF MASTER INC. to maintain indefinitely this Franchise Application and all information about me that it may receive.

Signature

Date

Print Name
