

Request for Consideration



Bin There Dump That

Exclusively Offered By

That Franchise Inc.

FOR HOME OFFICE USE ONLY

Franchise Candidate _____ Date Rec'd: _____

Qualifying Specialist: _____ Date: _____

Licensor: _____ Date: _____

Licensing Director: _____ Date: _____



Notification Form

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for Franchise consideration with:

Bin There Dump That

I hereby authorize Bin There Dump That, its agents, and all credit agencies, educational institutions, corporations, current and former employees, law enforcement and government agencies, city, province, county and federal courts, military services, and persons to release any information they may have about me with which this form has been filed, or their agent or That Franchise Inc.

I release That Franchise Inc. and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all referenced sources used.

Applicant's Signature

Date

Applicant's Printed Name

Social Insurance Number

Personal & Business Information

Name: _____ Soc. Ins. #: _____

Address: _____ Driv. Lic. #: _____

City: _____ Prov. _____ Postal Code: _____ CDN Citizen: __ Yes __ No

DOB: _____ Marital Status: _____ Home Phone () _____ Bus. Phone: () _____

Spouse's Name: _____ Spouse's Occupation: _____

Children's Names/Ages: _____

Education: _____

Current Business or Employer: _____

Address: _____

Position: _____ Dates of Employment: _____

What were your major responsibilities?: _____

Why are you looking for a new business opportunity?: _____

How long have you been looking for a business?: _____

Do you have any experience in franchising?: _____

What is your projected date to start your business?: _____

What geographical area have you defined for your business opportunity?

First Choice: _____ Second Choice: _____ Third Choice: _____

Would you be an active participant or a passive investor?: _____

Would you be involved in this business on a part-time or full-time basis? _____

How many hours can you devote per week? _____ Per month: _____

Do you intent to supervise this business?: _____ If not, what role will you play? _____

Do you have a financial partner? _____ If yes, please list: _____

Do you plan on obtaining a loan to start your business?__ If yes, what source? _____

Annual personal income desired (after three years operating the business you choose): _____

Based upon previous experience, what did you like most about your past jobs or businesses? _____

What did you like least about you past jobs or businesses? _____

How do you think operating your own business will relieve some of the business-related frustrations you experienced in the past? _____

Based on past experience, your strengths are: _____

Based on past experience, your weaknesses are: _____

What do you consider your highest achievement?: _____

Rate yourself on a scale of 1 to 5 (5 is the strongest) in the following personality characteristics:

Independent	1	2	3	4	5	Problem Solver	1	2	3	4	5	People Oriented	1	2	3	4	5	Achiever	1	2	3	4	5
Motivated	1	2	3	4	5	Self Confident	1	2	3	4	5	Communicator	1	2	3	4	5	Detailed	1	2	3	4	5
Management	1	2	3	4	5	Energetic	1	2	3	4	5	Determined	1	2	3	4	5	Sales/Marketing	1	2	3	4	5
Technical	1	2	3	4	5	Money-oriented	1	2	3	4	5	Patient	1	2	3	4	5	Intellectual	1	2	3	4	5
Creative	1	2	3	4	5	Decision-maker	1	2	3	4	5	Crisis Manager	1	2	3	4	5	Leader	1	2	3	4	5

CREDIT REFERENCES

Company Name

Address

1. _____

2. _____

3. _____

BUSINESS REFERENCES

1. _____

2. _____

3. _____

PERSONAL REFERENCES (Not employees or relatives)

1. _____

2. _____

3. _____

FINANCIAL INFORMATION

(attach prepared financial statement, if available)

Assets		Liabilities	
Cash in Chequing Account	\$ _____	Notes Payable to Banks	\$ _____
Cash in Savings Account	\$ _____	Notes Payable to Finance Companies	\$ _____
Real Estate, home	\$ _____	Real Estate Indebtedness	\$ _____
Other Real Estate	\$ _____	Automobile(s) Indebtedness	\$ _____
Cash Surrender of Life Insurance	\$ _____	Owing on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Charge Accounts	\$ _____
Your Own Business	\$ _____	Tax Payable	\$ _____
Automobile(s)	\$ _____	Other Liabilities (Please List)	\$ _____
Appraised Collectibles	\$ _____		
Money due You	\$ _____		
Other Assets (Please List)	\$ _____		
	Total Assets	\$	
	Less total Liabilities	\$	
	Net Worth	\$ _____	

SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary	\$ _____	As Endorser or Co-signer	\$ _____
Bonuses and Commissions	\$ _____	On Lease or Contracts	\$ _____
Dividends	\$ _____	Legal Claims	\$ _____
Real Estate	\$ _____	Provisions for Federal Income Taxes	\$ _____
Other Income – Itemized	\$ _____	Other Special Debts	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

What will be your source of income to cover personal living expenses during the initial start-up?

Are any assets pledged? _____

Are you a defendant in any suits or legal action? _____

Have you ever made a composition settlement? _____ Explain: _____

Have you ever filed for bankruptcy?: _____

All of the information stated herein is a true and correct representation of my personal and financial condition. I also authorize investigation of all statements contained in this application.

Signature: _____ Date: _____