

CONFIDENTIAL
Application Form



Last Name

First Name

Middle Initial

TERRITORY OF INTEREST:

City: _____ State/Province: _____ Country: _____

LET'S GET STARTED ►



PERSONAL INFORMATION

Name:	Phone: work _____ home _____
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Address:	City:
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Province/State:	Postal Code/ZIP:	How long at this address? years _____ months _____
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SIN/Social Security Number:	Date and Place of Birth:
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Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Spouse's Name:
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Dependent(s) Age(s) and Name(s)
1. _____

2. _____

3. _____

Height	Weight	My general health is: <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number: _____
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Have you ever been convicted of a criminal offence? Yes No
Explain: _____

Are you/have you ever been party to a civil litigation? Yes No
Explain: _____

Have you or any company you were associated with ever gone bankrupt? Yes No
Year: _____ Explain: _____

CURRENT AND PREVIOUS WORK EXPERIENCE: (begin with most recent)

Company Name:	Phone:	From: M/D/Y	To: M/D/Y	Type of Business:
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Duties:	Annual Salary:	Supervisor's Name and Title:	Reason for Leaving:
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Company Name:	Phone:	From: M/D/Y	To: M/D/Y	Type of Business:
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Duties:	Annual Salary:	Supervisor's Name and Title:	Reason for Leaving:
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Company Name:	Phone:	From: M/D/Y	To: M/D/Y	Type of Business:
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Duties:	Annual Salary:	Supervisor's Name and Title:	Reason for Leaving:
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Company Name:	Phone:	From: M/D/Y	To: M/D/Y	Type of Business:
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Duties:	Annual Salary:	Supervisor's Name and Title:	Reason for Leaving:
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CONTINUE ►



OTHER BUSINESS INTERESTS

Have you ever had your own business or been self-employed? Yes No
Details:

What do you feel will be your most important contributions to your business?

What do you perceive to be your biggest weakness relative to running your own business?

CREDIT REFERENCES

Company Name	Address	Phone No.	Account No.
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- 1.
- 2.
- 3.

BANK REFERENCES

Account No.	Transit	Bank	Fax No.	Contact Person
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- 1.
- 2.

PERSONAL REFERENCES

Name	Address	Phone No.
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- 1.
- 2.
- 3.

EDUCATION BACKGROUND

Highest level of education attained: _____ Degrees/Diplomas: _____

Major Subjects: _____ Minor Subjects: _____

Special Training: Major Subjects: _____ Courses Taken: _____

Have you used computers before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a home computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	What languages do you speak?
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CONTINUE ►



GENERAL INFORMATION

I became interested in a business opportunity because:

I am interested in this particular business opportunity because:

How did you find out about Mister Aerator®?

List any hobbies, community activities, or special interests:

If we select each other, my involvement would be:

checkbox full-time operator checkbox spousal active operator checkbox part-time supervisor with other business interests checkbox absentee operator (investment only)

My territory location preference is:

1. 2.

I expect to run my business as a checkbox proprietorship checkbox partnership checkbox corporation

I understand that any associates who cooperate with me in financing this operation must also complete an information form. Please send application forms to:

Name:

Address: City: Province/State:

Will any partners or investors be active? checkbox Yes checkbox No Are you a partner or investor in any other venture? checkbox Yes checkbox No

What level of income do you wish to earn from the operation of your business?

The enclosed information is true to the best of my knowledge. It is expressly understood that this is not an application. It is not binding upon you or me. This application form is intended to assist you in evaluating my business and financial qualifications as a Mister Aerator® owner/operator. Approval is hereby given to check all or any references listed, including financial references and credit information. It is understood that any information of a financial nature may be made available to Mister Aerator® suppliers for the purpose of establishing credit. Except as set forth herein, all information will be kept confidential.

Name: Signature: Date:

X



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