

**CONFIDENTIAL**

# Application Form



We give grass a little breathing room<sup>®</sup>

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

**TERRITORY OF INTEREST:**

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

**LET'S GET STARTED** ▶



# Application Form Page 1

## 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
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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**

# Application Form Page 2



## 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?  
 Yes  No

Do you own a home computer?  
 Yes  No Type:

What languages do you speak?

**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:

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



304 Stone Road West, Suite 715
Guelph, Ontario, Canada N1G 4W4

Telephone: (519) 658-5755 Fax: (519) 836-6937 E-mail: info@misteraerator.com