

CEDARS FRANCHISE CORP.

CONFIDENTIAL FRANCHISEE QUESTIONNAIRE

	ERSONAL DATA ame	Phone	()		(,	
IN		Filolie	(,	work	_ (, _	home
A	ddress	City		Prov	vince	Posta	l Code	
Н	ow long at this address	Social Ins	urance N	-				
D	ate and Place of Birth							
Μ	arital Status	Spouse's I	Vame					
D	ependent's Name and Age							
Н	ave you ever been convicted of a crimina	nal offence? Explain:						
A	re you or have you ever been a party to ci	ivil litigation?	-		Explain			
Н	ave you or any company with which you	were associated	with eve	er gone	e bankrupt?			
	ow did you become aware of this franchis				•			
	•							
C	URRENT & PREVIOUS EXPERIENC	CE (starting wit	h the m	ost cu	rrent)			
1	Company Name	` 8	Date		,	to		
	Type of Business		— Dutie	es		_		
	Annual Salary		Supe	rvisor				
	Reason for leaving							
2	Company Name					to		
	Type of Business		_ Dutie	es				
	Annual Salary		Supe	rvisor				
	Reason for leaving							
3	Company Name					to		
	Type of Business		_ Dutie	es				
	Annual Salary		Supe	rvisor				
	Reason for leaving		_ ^					
			_					
	THER BUSINESS INTERESTS							
O	Have you ever had your own business or been self employed?							
	ave you ever had your own business or be	een self employe	d?					

4	EDUCATION BACKGROUND						
	Highest level of education attained	De	egrees				
	Special Training						
	What languages do you speak?						
5	GENERAL INFORMATION						
	I became interested in this franchise opportunity because						
	If we select each other, my involvement would be:						
	Full time operator wife/husband active operator						
	Part time supervisor with other	r business interests					
	Absentee operator (investment only)						
	Would you be willing to relocate to a ne						
	My store location preference is:	1 st Choice:	2 nd Choice				
	Have you ever worked at one of our stor	res? If so, when and whe					
	9						
	name the person.						
6		FINANCIAL PROFILE (REFER TO FINANCIAL STATEMENT SCHEDULES)					
	Present Income Spouse's Income						
	Net Worth approximately						
	Unencumbered cash available to invest i	in business	Source of cash				
	I understand that any associates who cooperate with me in financing this operation must also complete a financial profile. Forms may be sent to:						
	Name						
	Address						
	Will any partners or investors be active?						
-	Are you a partner or investor in any other business venture?						
	What level of income do you wish to earn from the operation of your franchise?						
	What is the minimum personal income you will need during the first year of operation?						

ASSETS			LIABILITIES				
Cash on hand & in bank	T.S.		Notes Payable to Banks – secu	red * (detail below)			
Listed Securities (Stocks/Bonds)			Notes Payable to Banks – unsecured * (detail below)				
Accounts & Notes Receivable due			Notes Payable to Others				
RRSP's			Unpaid Income Tax				
Real Estate Owned			Real Estate Mortgages Payable				
Automobiles and other l	Personal Prop	erty	Other Debts - Itemize				
			Total Liabilities				
TOTAL ASSETS	TOTAL ASSETS		NET WORTH (Assets Less Liabilities)				
2	f Lender	Address	Description	Payment Amount			
3.							
2	me			Account No.			
9 BANK REFEREN	CES nt Number	Bank	Phone No.	Branch			
		Address	tives and former employees) Phone No.				
2							
3.							
personal position. It is	understood th dersigned. Tl	at Cedars Fran	ion as a true and accurate descrinchise Corp. relies on these facts in act and thereby does not incur oblaroutine credit check.	n assessing the desirability	and		
Date			Signature				