

AGRI-TRAC, MORE THAN JUST TRACTION



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AGRI-TRAC Inc. FRANCHISE QUESTIONNAIRE

The submission of this AGRI-TRAC Franchise Questionnaire and any related application materials does not obligate AGRI-TRAC Inc. (or its affiliates) or the Applicant in any way or manner whatsoever.

Please print clearly.

PERSONAL INFORMATION

Last Name: _____ Given Names: _____

Address: _____ Unit _____

City: _____ Province: _____ Postal Code _____

Home Phone: (____) _____ Business Phone: (____) _____

Home Fax: (____) _____ Business Fax: (____) _____

Home Email: _____ Business Email _____

Date of Birth (Month/Date/Year): _____ Martial Status: _____

Spouse's Last Name: _____ Spouse's Given Names: _____

Spouse's Date of Birth: _____ Spouse's Occupation: _____

WORK AND EDUCATIONAL EXPERIENCE

Name of **Current** Employer: _____

Address: _____ Unit _____

City: _____ Province: _____ Postal Code _____

Nature of Business: _____ Start Date: _____

Position Held: _____ Annual Salary: _____

Name of Supervisor: _____ Title: _____

Name of **Previous** Employer: _____

Address: _____ Unit _____

City: _____ Province: _____ Postal Code _____

Nature of Business: _____ Start and Date: _____

Position Held: _____ Annual Salary: _____

Name of Supervisor: _____ Title: _____

Level of Education: High School Diploma College Diploma University Degree

Details: _____

FRANCHISE

Do you intent to devote your full-time to the franchise: Yes No

If No, please explain: _____

Will you have a partner: Yes No If Yes, please indicate:

Partner's involvement: Full-Time Part-Time Investment Only

Partner's Given Name: _____ Last Name: _____

Partner's Relationship to You: _____

What level of income do you expect/require to draw from the business per year (salary and profit)? _____

FINANICAL STATEMENT

Please do not combine (if applicable) non-spousal Partner's financial information.

<u>ASSETS</u>		<u>LIABILITIES</u>	
Cash on hand	\$	Mortgages – Home	\$
Securities (mutual funds)	\$	Mortgages – Other	\$
Home (market value)	\$	Notes Payable	\$
Other Real Property	\$	Credit Cards	\$
Personal Property	\$	Operating Lines	\$
Business Interests	\$	Other Liabilities	\$
Other Assets	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
NET WORTH (total assets – total liabilities)		\$ _____	

ACKNOWLEDGEMENT AND CONSENT

The undersigned acknowledges that the statements and information made in this Franchise Questionnaire are accurately, fairly and completely set forth the personal information and financial condition of the undersigned as of the date hereof. The undersigned further acknowledges that for the purposes of determining whether or not the undersigned would be a suitable AGRI-TRAC franchisee, an investigation may be made with respect to the information set out above, as well as further information with respect to the undersigned's financial status, litigation history, criminal record history, educational credentials, employment history, driving record, character and general reputation, personal characteristics and mode of living. The undersigned hereby consents to AGRI-TRAC Inc., its affiliates or their agents collecting and retaining such information and conducting further investigations with respect to such information. The undersigned further consents to the updating of this information from time to time, as necessary.

Signature of Applicant: _____

Print Name: _____ Date: _____

Signature of Spouse (if applicable): _____

Print Name: _____ Date: _____

Signature of Witness: _____ Telephone: () _____

Print Name: _____ Date: _____

- Please allow approximately 30 days for a written response.
- Faxed Questionnaires are not acceptable.
- Incomplete Questionnaires will be returned unread.
- Please forward the original Questionnaire and personal resume to the attention of AGRI-TRAC Franchising Department at the address set out above.