

FRANCHISE APPLICATION

(Potential Franchisee Data Sheet)

BADASS JACK'S SUBS & WRAPS CO.

Tel (780) 468-3452 Fax (780) 431-0247

Personal Data:

Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
City: _____ Business Phone: _____
Province: _____ Postal Code: _____ Marital Status: _____
Name of Spouse: _____
Names and Ages of Children: _____

Business Background:

Present Position: _____
Company Name: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Name of Supervisor: _____
Briefly outline business experience and other employment for last 5 years: _____

Education:

(Highest level of education completed)

Institution: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Dates Attended: From _____ To _____
Diploma, Degree etc. obtained _____

References: *(Include one bank reference. Do not include relatives).*

Name: _____
Address: _____
Phone: _____
Relationship: _____
Years Known: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____
Years Known: _____

General:

I hereby certify that the information set forth above is true and correct to the best of my knowledge. I agree to notify BADASS JACK'S SUBS & WRAPS CO. immediately of any material change in such information.

I hereby consent to BADASS JACK'S SUBS & WRAPS CO. obtaining a consumer credit report in connection with this Potential Franchisee Data Sheet. I hereby further consent to BADASS JACK'S SUBS & WRAPS CO. taking whatever actions it considers necessary to verify the information set forth above including contacting any of the references listed above.

I understand that BADASS JACK'S SUBS & WRAPS CO. will keep all information concerning this Potential Franchisee Data Sheet confidential.

Date

Signature of Applicant