



# FRANCHISE APPLICATION

ALL THE INFORMATION WILL BE TREATED CONFIDENTIALLY.  
THIS FORM IS NOT AN AGREEMENT AND DOES NOT BIND EDO JAPAN NOR THE PERSON HEREIN MENTIONED  
IN ANY WAYS. EACH BUSINESS PARTNER SHALL FILL IN THE PRESENT FORM.



## PERSONAL INFORMATION

|                                                                                       |  |      |               |                |                        |                |  |                                 |  |                             |  |
|---------------------------------------------------------------------------------------|--|------|---------------|----------------|------------------------|----------------|--|---------------------------------|--|-----------------------------|--|
| NAME                                                                                  |  | NAME |               | NAME           |                        | NAME           |  | MALE <input type="checkbox"/>   |  |                             |  |
| First                                                                                 |  | Last |               | Middle Initial |                        |                |  | FEMALE <input type="checkbox"/> |  |                             |  |
| OCCUPATION                                                                            |  |      |               |                |                        |                |  |                                 |  |                             |  |
| ADDRESS                                                                               |  |      |               |                |                        |                |  | Suite #                         |  |                             |  |
| Street                                                                                |  |      |               |                |                        |                |  |                                 |  |                             |  |
| City                                                                                  |  |      | Province      |                |                        | Postal Code    |  |                                 |  |                             |  |
| HOME PHONE                                                                            |  |      |               |                | CELL PHONE             |                |  |                                 |  |                             |  |
| (Area Code) (XXX-XXXX)                                                                |  |      |               |                | (Area Code) (XXX-XXXX) |                |  |                                 |  |                             |  |
| EMAIL ADDRESS                                                                         |  |      |               |                | DATE OF BIRTH          |                |  |                                 |  |                             |  |
|                                                                                       |  |      |               |                | Day                    | Month          |  | Year                            |  |                             |  |
| SOCIAL INSURANCE NUMBER                                                               |  |      | CITIZENSHIP   |                |                        | MARITAL STATUS |  |                                 |  |                             |  |
| HIGHEST LEVEL OF EDUCATION                                                            |  |      |               |                |                        |                |  |                                 |  |                             |  |
| SPOUSE'S NAME                                                                         |  |      | SPOUSE'S NAME |                |                        | SPOUSE'S NAME  |  |                                 |  |                             |  |
| First                                                                                 |  |      | Last          |                |                        | Middle Initial |  |                                 |  |                             |  |
| SPOUSE'S OCCUPATION                                                                   |  |      |               |                |                        |                |  |                                 |  |                             |  |
| NUMBER OF DEPENDANTS                                                                  |  |      |               |                | AGES OF DEPENDANTS     |                |  |                                 |  |                             |  |
| HAVE YOU PERSONALLY, OR ANY COMPANY IN WHICH YOU WERE A PARTNER, DECLARED BANKRUPTCY? |  |      |               |                |                        |                |  | YES <input type="checkbox"/>    |  | NO <input type="checkbox"/> |  |
| EXPLAIN / ADDITIONAL COMMENTS                                                         |  |      |               |                |                        |                |  |                                 |  |                             |  |



## GENERAL INFORMATION

|                                                                                                        |  |                                                          |             |
|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-------------|
| LOCATION OF INTEREST                                                                                   |  |                                                          |             |
| City                                                                                                   |  | Area                                                     |             |
| HOW MUCH CAPITAL DO YOU HAVE TO INVEST?                                                                |  |                                                          |             |
| \$100,000 <input type="checkbox"/>                                                                     |  | \$150,000 <input type="checkbox"/>                       |             |
| \$200,000 <input type="checkbox"/>                                                                     |  | OTHER: _____                                             |             |
| DO YOU HAVE A FINANCING SOURCE?                                                                        |  | DO YOU HAVE A BUSINESS PARTNER?                          |             |
| YES <input type="checkbox"/> NO <input type="checkbox"/>                                               |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |             |
| PARTNER'S NAME                                                                                         |  |                                                          |             |
| First                                                                                                  |  | Last                                                     |             |
|                                                                                                        |  | Middle Initial                                           |             |
| PARTNER'S ADDRESS                                                                                      |  |                                                          |             |
| Street                                                                                                 |  |                                                          | Suite #     |
| City                                                                                                   |  | Province                                                 | Postal Code |
| ALL PROPOSED NON-SPOUSAL BUSINESS PARTNERS ARE TO ALSO COMPLETE AND SUBMIT THEIR OWN APPLICATION FORM. |  |                                                          |             |
| ADDITIONAL COMMENTS                                                                                    |  |                                                          |             |



## BUSINESS EXPERIENCE

|                                                          |  |                               |  |
|----------------------------------------------------------|--|-------------------------------|--|
| PRESENT EMPLOYER                                         |  | ADDRESS                       |  |
| Company Name                                             |  | Street                        |  |
|                                                          |  | Suite #                       |  |
| DURATION OF EMPLOYMENT                                   |  |                               |  |
| From (MM/YY)                                             |  | To (MM/YY)                    |  |
|                                                          |  | City                          |  |
|                                                          |  | Province                      |  |
|                                                          |  | Postal Code                   |  |
| POSITION OR RESPONSIBILITIES                             |  |                               |  |
| PREVIOUS EMPLOYER                                        |  | ADDRESS                       |  |
| Company Name                                             |  | Street                        |  |
|                                                          |  | Suite #                       |  |
| DURATION OF EMPLOYMENT                                   |  |                               |  |
| From (MM/YY)                                             |  | To (MM/YY)                    |  |
|                                                          |  | City                          |  |
|                                                          |  | Province                      |  |
|                                                          |  | Postal Code                   |  |
| POSITION OR RESPONSIBILITIES                             |  |                               |  |
| HAVE YOU ALREADY OWNED OR OPERATED A BUSINESS?           |  | IF SO, WHAT TYPE OF BUSINESS? |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |  |                               |  |
| PLEASE DESCRIBE                                          |  |                               |  |





**REFERENCES (OTHER THAN FAMILY)**

|                    |          |                      |                                 |
|--------------------|----------|----------------------|---------------------------------|
| NAME<br>First Last |          | KNOWN SINCE<br>MM/YY |                                 |
| ADDRESS<br>Street  |          |                      | Suite #                         |
| City               | Province | Postal Code          | PHONE<br>(Area Code) (XXX-XXXX) |
| NAME<br>First Last |          | KNOWN SINCE<br>MM/YY |                                 |
| ADDRESS<br>Street  |          |                      | Suite #                         |
| City               | Province | Postal Code          | PHONE<br>(Area Code) (XXX-XXXX) |
| NAME<br>First Last |          | KNOWN SINCE<br>MM/YY |                                 |
| ADDRESS<br>Street  |          |                      | Suite #                         |
| City               | Province | Postal Code          | PHONE<br>(Area Code) (XXX-XXXX) |

The undersigned hereby certifies that the information given in the foregoing statement is true and accurate and that no unfavorable information known to the undersigned or called for here in has been omitted. Edo Japan is hereby authorized to verify and obtain such information as it may require concerning said statement, which at all times shall remain the property of Edo Japan. I further authorize you to make investigations of my credit, character and ability and to contact anyone, whether or not listed above, including former employers in order to obtain personal information about me. I hereby waive any responsibility from persons giving or receiving such information. It is understood that all information provided in this form and obtained pertaining to same will be treated confidentially by Edo Japan.



**APPLICANT SIGNATURE**

|                       |                  |
|-----------------------|------------------|
| APPLICATION SIGNATURE | DATE<br>DD/MM/YY |
|-----------------------|------------------|



HEAD OFFICE

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