



I AM APPLYING FOR A  Full Retail Franchise  BE Express Franchise

Confidential Franchise Application  
Apply Online or Fax Completed Form  
to: 450-348-4405

**PERSONAL INFORMATION**

Last Name  First  Middle

Address

City / Province / Postal Code

↓ PREFERRED METHOD OF PERSONAL CONTACT  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Number of children/Ages	Date of Birth	Social Insurance Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Phone	Spouse's Name	
	<input type="text"/>	<input type="text"/>	
	Work Phone	Spouse's Occupation	
<input type="text"/>	<input type="text"/>		
Fax	Spouse's Date of Birth		
<input type="text"/>	<input type="text"/>		
E-mail Address	<input type="text"/>		
<input type="checkbox"/>			

**BUSINESS / CAREER BACKGROUND**

	Name of Business	Type of Business
<b>MOST CURRENT</b>	<input type="text"/>	<input type="text"/>

Address

City / Province / Postal Code

Phone <input type="text"/>	Responsibilities/Accomplishments: <input type="text"/>  <input type="text"/>  <input type="text"/>
Fax <input type="text"/>	
Your Title <input type="text"/>	
Start Date <input type="text"/>	

Salary <input type="text"/>
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	Name of Business	Type of Business
<b>PREVIOUS</b>	<input type="text"/>	<input type="text"/>

Address

City / Province / Postal Code

Phone

Responsibilities/Accomplishments:

Fax

Your Title

Start Date

Salary

### EDUCATION

School	City	Year Graduated	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### HEALTH

Physical Limitations

- Excellent
- Good
- Fair

### PERSONAL BALANCE SHEET

Assets	<input type="text"/>	Liabilities	<input type="text"/>	Office Use
Savings	<input type="text"/>	Bank Loan	<input type="text"/>	
Securities	<input type="text"/>	Other Loans	<input type="text"/>	
RRSP	<input type="text"/>	Taxes	<input type="text"/>	
Home	<input type="text"/>	Credit Cards	<input type="text"/>	
Other Real Estate	<input type="text"/>	Mortgage	<input type="text"/>	
Automobile	<input type="text"/>	Other	<input type="text"/>	
Other Assets	<input type="text"/>	Total Liabilities B	<input type="text"/>	
Total Assets A	<input type="text"/>	Net Worth A-B	<input type="text"/>	

Bank	<input type="text"/>	Branch #	<input type="text"/>	Phone	<input type="text"/>
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Address	<input type="text"/>	Contact	<input type="text"/>
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Type of Accounts

1

2

3

Type of Loan

1

2

3

**PERSONAL BACKGROUND**

Have you ever been convicted of a criminal offense?

Yes

No

*If yes, give details:*

Have you, or a company in which you were an owner, officer, or director ever declared bankruptcy?

Yes

No

*If yes, give details:*

Are you a defendant in any legal action?

Yes

No

*If yes, give details:*

Are you currently a partner or owner of any business?

Yes

No

*If yes, give details:*

Would this business be owned by you or a group?

Alone

Group

*If owned by a group, please provide details:*

Will you devote your full time to your franchised business?

Yes

No

*If no give details:*

**Preferred Location**

List any hobbies, community services or special interests

How did you learn about Batteries Expert?

- Store or Franchise Literature     Batteriesexpert.com     CFA Website (cfa.ca)     Other Website
- Referring Person     Print Publication Ad     Online Ad     Tradeshow

Please specify: (ie. name of publication, website, person, tradeshow etc.)

What appeals to you about the concept?

Why do you think you will be a successful operator?

What is important to you when evaluating a business opportunity?

What are your annual gross earning expectations?

When do you plan to start your business?

- Under 3 months from now     3-6 months from now     6-12 months from now     More than 12 months from now

If exceeding 12 months, please specify start date

What are your three strongest attributes?

- 1
- 2
- 3

What are your three weakest characteristics?

- 1
- 2
- 3

## REFERENCES

Please provide 3 non-relative references.

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Email

Name

Relationship

Phone

Address

Email

Name

Relationship

Phone

Address

Email

I, the undersigned, understand that the information I have given in this Batteries Expert Confidential Application is for the purpose of being evaluated as a Batteries Expert Franchisee (owner-operator) and warrant that all such information is accurate, true and complete. I authorize Batteries Expert and their representatives to make inquiries and investigation of my personal background, credit, character and abilities and to contact anybody whether listed above or not, in order to obtain credit and personal information about me. I release Batteries Expert and their representatives from all liability that may be incurred as a result of such inquiry. This consent may be transmitted to the credit bureau and other relevant parties from whom Batteries Expert may be seeking information about the undersigned.

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Signature

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Date