



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.

FAX TO: (403) 215-8801 OR EMAIL TO: FRANCHISE@EDOJAPAN.COM



PERSONAL INFORMATION

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		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 CASH DO YOU HAVE TO INVEST? \$ _____			
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"/>	
ALL PROPOSED NON-SPOUSAL BUSINESS PARTNERS ARE TO ALSO COMPLETE AND SUBMIT THEIR OWN APPLICATION FORM.			
PARTNER'S NAME			
First	Last	Middle Initial	
PARTNER'S ADDRESS			
Street			Suite #
City	Province		Postal Code
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				



PERSONAL FINANCIAL INFORMATION

FINANCIAL INFORMATION REPORTED

DD/MM/YY

ASSETS	VALUE
CHEQUING ACCOUNT	\$
SAVINGS ACCOUNT	\$
OTHER ACCOUNT	\$
OTHER ACCOUNT	\$
OTHER ACCOUNT	\$
OTHER ACCOUNT	\$
OTHER ACCOUNT	\$
AUTOMOBILE	\$
Make Year	
AUTOMOBILE	\$
Make Year	
HOME	\$
INCOME PROPERTY	\$
RECREATIONAL PROPERTY	\$
OTHER PROPERTY	\$
OTHER PROPERTY	\$
STOCKS & BONDS	\$
LIFE INSURANCE (CASH VALUE)	\$
RETIREMENT ACCOUNTS	\$
ACCOUNT NOTES RECEIVABLE	\$
OTHER ASSETS (PLEASE ITEMIZE)	
TOTAL ASSETS	\$

LIABILITIES	OWING
CHEQUING ACCOUNT	\$
SAVINGS ACCOUNT	\$
PERSONAL LOANS	\$
CREDIT CARD	\$
CREDIT CARD	\$
CREDIT CARD	\$
AUTOMOBILE	\$
Make Year	
AUTOMOBILE	\$
Make Year	
HOME MORTGAGE	\$
INCOME PROPERTY MORTGAGE	\$
RECREATIONAL PROPERTY MORTGAGE	\$
OTHER PROPERTY MORTGAGE	\$
OTHER PROPERTY MORTGAGE	\$
ACCOUNT NOTES PAYALBE	\$
LINES OF CREDIT	\$
OTHER LIABILITIES (PLEASE ITEMIZE)	\$
TOTAL LIABILITIES	\$
NET WORTH (Assets minus liabilities)	\$

INCOME - ANNUAL SALARY	\$
INCOME - BONUS / COMMISSIONS	\$
INCOME - SPOUSES SALARY	\$
INCOME - REAL ESTATE	\$
INCOME - OTHER	\$
TOTAL	\$

Please state the amount of unencumbered cash available to invest in an Edo Japan \$

Are you providing your personal support as a consigner, endorser, a guarantor? YES NO



REFERENCES (OTHER THAN FAMILY)

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



HEAD OFFICE

4838 - 32nd St. SE, Calgary AB Canada T2B 2S6 P. 403.215.8810 F. 403.215.8801edo@edojapan.com.