



Franchise Application



Please complete this application and forward the original to:

Readerwear Reading Glasses Inc.
Attention: Franchising Opportunities
2149 West 4th Ave
Vancouver BC V6K 1N7



If you have any questions please contact us:

email: franchising@readerwear.com
phone: 604.733.3801



readerwear reading glasses inc.

FRANCHISE APPLICATION

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS	
CITY, PROVINCE, POSTAL CODE		HOME PHONE NUMBER	
E-MAIL ADDRESS		FAX NUMBER	
BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	

PROFESSIONAL BACKGROUND

CURRENT OCCUPATION / TITLE		LENGTH OF EMPLOYMENT
NAME OF COMPANY		BUSINESS PHONE NUMBER
ADDRESS		
CITY, PROVINCE, POSTAL CODE		

GIVE A BRIEF REVIEW OF LAST 5 YEARS EMPLOYMENT

EDUCATION (highest level completed)

INSTITUTION	LOCATION
DATES ATTENDED	DIPLOMA/DEGREE OBTAINED

EXISTING BUSINESS (complete if self-employed)

TRADE NAME	LEGAL NAME
ADDRESS	PHONE NUMBER
GROSS REVENUE LAST 12 MONTHS	YEARS IN BUSINESS

PERSONAL FINANCIAL INFORMATION

A. DETAIL OF CREDITORS

CREDIT CARDS	BALANCE	LENDER	ACCOUNT #

MORTGAGE	BALANCE	LENDER	BRANCH

B. CREDIT REFERENCES

NAME	RELATION	PHONE NUMBER	OCCUPATION

C. HAVE YOU EVER DECLARED BANKRUPTCY?

YES

NO

IF YES, PLEASE PROVIDE DETAILS BELOW

D. PERSONAL FINANCIAL STATEMENT

MONTHLY INCOME	(AMOUNT)	MONTHLY EXPENSES	(AMOUNT)
EMPLOYMENT		RENT / MORTGAGE	
SPOUSAL		CREDIT CARDS	
PENSIONS		LOAN PAYMENTS	
INTEREST		OTHER	
OTHER			
\$ TOTAL		\$ TOTAL	

PERSONAL ASSETS	(AMOUNT)	PERSONAL LIABILITIES	(AMOUNT)
CASH		NOTES PAYABLE	
STOCKS / BONDS		TAXES DUE	
VEHICLES		DUE ON VEHICLES	
REAL ESTATE		MORTGAGES	
RRSP		DUE ON CREDIT CARDS	
OTHER		OTHER	
\$ TOTAL		\$ TOTAL	

TOTAL ASSETS	
TOTAL LIABILITIES	
NET WORTH	

PERSONAL REFERENCES

NAME	PHONE NUMBER

I declare that the foregoing information is true to the best of my knowledge. I agree to notify Readerwear Reading Glasses Inc. immediately of any material change in such information. I authorize my former employers to discuss my employment and release them from any liability in connection with these discussions.

My signature constitutes permission for Readerwear Reading Glasses Inc. to obtain and receive information from any credit reporting agency, bank, supplier or any past sources of credit. If self employed, I also agree to submit financial information from my business, or businesses, to Readerwear Reading Glasses Inc. as part of this application, if it is requested.

I understand all information contained in this document will be kept confidential. Completion of this document in no way binds the applicant, its shareholders, investors or Readerwear Reading Glasses Inc. to the purchase or sale of a Readerwear franchise.

SIGNATURE:

DATE:
