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Confidential Franchise Application Form

This form must be completed by every business partner applying for a Mister Transmission franchise.

Section A – Persona	l Information			
Name:				
Address:				
City:	Р	Province:	I	Postal Code:
How long have you be	en at this addre	ss?	Own	Rent
Previous Address:				
Previous City:	Р	Province:	1	Postal Code:
Applicant's Current Oc	cupation:			
Home Phone:	N	Mobile Phone:		
E-mail Address:				
Section B – General	Information			
Why do you want to o	wn your own bu	usiness?		
What attracted you to	Mister Transmi	ssion?		
How did you find out a			nchise Opport	:unity?
	If other, please	specify where:		
Where would you like	your Mister Tra	nsmission Franchis	se to be locate	ed?
First Preference:				
Second Preference:				
Third Preference:				
Are you willing to re-lo	ocate to another	r city if your first p	reference is n	ot available?
Yes	Maybe	No		
When are you looking	to start your fra	anchise?		
Right Away	Withi	n the next 6 month	าร	Within the next year



What are your PERSONAL	income expectations?
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Year One of Operation? \$
Year Two of Operation? \$
Year Five of Operation? \$
Year Ten of Operation? \$

Would you consider purchasing multiple Mister Transmission shops? Yes No

Have you ever owned your own business? Yes No

If you answered 'yes' to the above question, what business were you in and for how long?

Although head office does provide support to our franchisees, owning your own business requires a variety of skills

Please rate yourself on a scale from 1 to 10 for the following characteristics? (1 being the least, 10 being the best)

Sales Acumen Self-directed

Business Acumen Outcome and results focused

Entrepreneurial spirit/attitude Financial knowledge

Automotive enthusiast Networking & Customer service skills

Willingness to follow a system

Leadership & Management skills

Section C - Partnership

Will you own/operate your Mister Transmission franchise with a partner?

Yes

No

If 'Yes', what is his/her name?

(Please send his/her Confidential Application Form with yours)

Will this partner be: Active Partner or Silent Partner



Section D – Family Information

Marital Status (check one):

	Single	Widow(er)		
Spouse's Name:				
Spouse's Occupation:				
Will your spouse be involved in you	r day-to-day franchise operation	? Yes No		
Number of dependent children?	Their ages?			
Any other dependents?				
Section E – Education				
Please check the level of education	last completed:			
High School	Community College	/Trade School		
University Undergraduate	University Post-Gr	aduate		
Year completed:				
Name of institution where you obtained your degree/diploma:				
Additional Courses or Programs completed:				
Section F – Work History				

Separated

Divorced

Married/common law

From	То	Name & Address of Employer	Position Held	Annual Income

Section G - Financials

Please list the banks we can use as our Credit References:

(Feel free to attach your resume if preferred)

Bank Name	Bank Address	Bank Phone Number	Bank Contact



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Please list Credit Card companies we can use as your Credit References:

Credit Card Institution	Credit Company Address	CC Phone Number	Limit

Personal Net-Worth Workchart:

Please use this to calculate your net worth as of today's date:

Asset List	Asset Value (\$)	Liabilities List	Liabilities Value (\$)
Total cash in back today:		Total Notes Outstanding:	
Total publicly traded stocks & bonds:		Total Taxes and/or Loans Outstanding:	
Total Accounts/Notes Receivables:		Total Mortgages & Loans Outstanding:	
Life insurance (cash surrender value):		Outstanding Credit Card Debt:	
Total Real Estate Investments:		Total 'Other' Outstanding Debt:	
Total Pension/Mutual Funds:			
Total 'Other' Assets:			
TOTAL ASSETS:		TOTAL LIABILITIES:	

Net Worth (Total Assets - Total Liabilities) =

Working Capital Available: \$0 - \$10,000 \$30,001 - \$40,000

\$10,001 - \$20,000 \$40,000 - \$50,001

\$20,001 - \$30,000 \$50,000 +

Are you prepared to arrange financing to purchase a Mister Transmission Franchise?

Yes No



Section H – References

Please provide TWO **personal** references:

Name	Address	Phone	Relationship with Applicant

Please provide TWO business references:

Name	Address	Phone	Relationship with Applicant