

Submit to:  
**Drain Rescue Inc.**  
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 Toronto, ON M9C 1B7  
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 Telephone: 416-480-0000  
 Toll Free: 1-800-568-7359  
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# Confidential Information Request

PLEASE ANSWER ALL QUESTIONS

## PERSONAL INFORMATION

Last Name		First Name		Middle Name		Social Insurance Number	
Date of Application (MM/DD/YY)		Birth Date (MM/DD/YY)		Telephone Cell		Telephone Number ( )	
Current Address			City	State / Province	Zip / Postal Code	How long?	
Previous Address			City	State / Province	Zip / Postal Code	How long?	
Marital Status		Full Name of Spouse			Occupation of Spouse		
Names and Ages of Dependent Children							
Name		Age		Name		Age	
Name		Age		Name		Age	
Name		Age		Name		Age	
Name		Age		Name		Age	

## APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a group?	
Please explain fully	
Amount of capital available for this business	
Describe fully	
Territory for which application made	Would you consider any other area?
What area(s)?	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

**EDUCATION**

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)

**BUSINESS & EXPERIENCE RECORD**

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE. INDICATE BY ASTERISK (\*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

Have you been in business for yourself?		
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$

**INCOME**

YEAR	
EARNED (salary, commissions, fees, etc.)	\$ _____
INTEREST & DIVIDENDS RECEIVED	\$ _____
RENTS RECEIVED	\$ _____
OTHER INCOME	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>GROSS INCOME</b>	<b>\$ _____</b>

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## REFERENCES

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES.

1. Name	Address	Telephone ( )
2. Name	Address	Telephone ( )
3. Name	Address	Telephone ( )

PLEASE LIST THREE CREDIT REFERENCES.

1. Name	Address	Telephone ( )
2. Name	Address	Telephone ( )
3. Name	Address	Telephone ( )

BANK REFERENCES:

Name	Address	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Other
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## CONTINGENCIES

Do You Have Any Contingent Liabilities?  YES  NO

If So, Please Itemize:

Are Any of Your Assets Pledged?  YES  NO Describe:

Are You a Defendant in Any Suits or Legal Actions?  YES  NO Describe:

## CONFIDENTIAL FINANCIAL STATEMENT

DATE: YEAR: 20

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	\$
Accounts & Loans Receivable (See Sched. No. 2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 3)	\$
Real Estate (See Sched. No. 5)	\$	Accounts Payable	\$
Automobiles Registered in Own Name	\$	Interest Payable	\$
Other Assets (itemize)	\$	Taxes & Assessments Payable (See Sched. No. 5)	\$
		Mortgages Payable on Real Estate (See Sched. No. 5)	\$
		Other Liabilities (itemize)	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>

## SUPPLEMENTARY SCHEDULES

### NO. 1 BANKING RELATIONS

(A list of all my bank accounts, including savings & loans)

Name & Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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<b>NO. 2 ACCOUNTS, LOANS &amp; NOTES RECEIVABLE</b> (A list of the largest amounts owing to me.)					
Name & Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

<b>NO. 3 LIFE INSURANCE</b>								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>NO. 4 BANKING RELATIONS</b>						
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

<b>NO. 5 REAL ESTATE</b> (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:)								
Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

\*By signing below, I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. I confirm that I have obtained any and all necessary third party consents to provide Franchisor with the personal information of any third parties contained in this application. In accordance with applicable privacy and credit reporting agencies, any law enforcement agency, federal, state/provincial or local, or any other person identified above who has personal knowledge of my character, work and/or educational experience or criminal records to release this information to Franchisor for the purpose of verifying the information I have provided in this application or to obtain other information which Franchisor considers necessary to decide whether to grant me a franchise. I understand that Franchisor is relying upon all the above information as a material factor in considering my application to become a franchisee, and I understand that any falsification or withholding of information from this application (or any material change in any of the above information) shall constitute grounds for Franchisor not proceeding further with my application. In addition, I hereby release and discharge Franchisor and its affiliates, successors and assigns from any and all liability that may arise out of the investigation of my background as set forth in this application.

Signature

Date