



Application Form

APPLICATION FORM

The information you finish in this form is not binding and in no way obligates you or Rayacom to purchase or sell a franchise. Its purpose is to provide our company with the pertinent information needed to evaluate you as an applicant. The company will hold the answers supplied in this application in strict confidence. The information and references provided herein will not be verified without your written and/or oral authorization.

1. PERSONAL DATA (Please Print clearly) - PLEASE ATTACH RÉSUMÉ

SELF		SPOUSE	
NAME _____ First Middle Last		NAME: _____ First Middle Last	
S.I.N. #: _____		S.I.N. #: _____	
EDUCATION (CHECK ONE)		EDUCATION (CHECK ONE)	
8 9 10 11 12 UNIVERSITY YRS__ DEGREE__		8 9 10 11 12 UNIVERSITY YRS__ DEGREE__	
DEGREE: _____		DEGREE: _____	

ADDRESS: _____
ADDRESS/CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

HOME PHONE: _____
Best Time: Morning Afternoon Evening

BUSINESS PHONE: _____
Best Time: Morning Afternoon Evening

CELL PHONE: _____
Best Time: Morning Afternoon Evening

EMAIL ADDRESS : _____

NUMBER OF DEPENDENTS

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. PERSONAL CONFIDENTIAL INFORMATION

DATE OF BIRTH: _____ **SPOUSE'S DATE OF BIRTH:** _____
DD/MM/YY DD/MM/YY

HAVE YOU EVER FILED BANKRUPTCY? YES NO IF YES, WHEN? _____

MARITAL STATUS: SINGLE MARRIED DIVORCED



CITIZENSHIP: _____

DO YOU RENT OR OWN YOUR OWN HOME?

MONTHLY PAYMENT

NAME OF LANDLORD

PHONE NUMBER

ADDRESS/CITY

PROVINCE

POSTAL CODE

2a. YOUR BUSINESS BACKGROUND

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

TITLE: _____ RESPONSIBILITIES: _____

LENGTH OF EMPLOYMENT: _____ ANNUAL SALARY: _____

ANY OTHER SOURCE OF INCOME: _____

WILL YOU BE LEAVING THIS EMPLOYMENT TO OPEN YOUR BUSINESS? YES NO

CURRENT BUSINESS AFFILIATIONS OTHER THAN OCCUPATION (OWNER, PARTNER, OFFICER, ETC.)

ORGANIZATIONAL AFFILIATIONS: (FRATERNAL, BUSINESS, PROFESSIONAL, CIVIC, ETC.)

2b. YOUR SPOUSE'S BUSINESS BACKGROUND

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

TITLE: _____ RESPONSIBILITIES: _____

LENGTH OF EMPLOYMENT: _____ ANNUAL SALARY: _____

ANY OTHER SOURCE OF INCOME: _____

TOTAL COMBINED ANNUAL INCOME: _____



3. EMPLOYMENT HISTORY (LAST THREE JOBS)

NAME OF EMPLOYER	ADDRESS/CITY	PROVINCE	YEARS EMPLOYED	POSITION
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU AT ANY TIME OWNED OR OPERATED YOU OWN BUSINESS (EXPLAIN BELOW): YES NO

TYPE OF BUSINESS: _____ HOW LONG OPERATED: _____

FULL/PART TIME ANNUAL INCOME: _____ SOLD/CLOSED/STILL OWN: _____

4. ABOUT YOU

HOW DID YOU BECOME INTERESTED IN RAYACOM: _____

WHAT ARE YOUR PRIMARY REASONS FOR GOING INTO YOUR OWN BUSINESS?

1. _____

2. _____

3. _____

WHAT ARE YOUR PRIMARY CONCERNS WITH OWNING YOUR OWN BUSINESS?

IDEALLY, WHEN WOULD YOU WANT TO OPEN YOUR FRANCHISE?

AS SOON AS POSSIBLE WITHIN 3 MONTHS WITHIN 6 MONTHS WITHIN 12 MONTHS

OTHER _____

WHICH GEOGRAPHIC AREA WOULD YOU LIKE TO OPEN YOUR FRANCHISE?

1. _____ 2. _____ 3. _____

DO YOU INTEND TO OPERATE YOUR RAYACOM FULL TIME OR PART-TIME?

PLEASE EXPLAIN

IF PART-TIME, HOW MUCH TIME DO YOU EXPECT TO SPEND AT YOUR FRANCHISE?



DO YOU PLAN TO HAVE A PARTNER INVOLVED? YES NO

IF SO, WILL THE PARTNER BE ACTIVE? YES NO

PARTNER'S NAME(S): _____ PHONE: _____

ARE YOU INTERESTED IN OBTAINING A MASTER LICENSE? YES NO IF SO, WHAT COUNTRY? _____

WILL ANY FAMILY MEMBERS BE INVOLVED IN THE BUSINESS? YES NO IF SO, WHO?

NAME RELATIONSHIP AGE

NAME RELATIONSHIP AGE

WHAT LANGUAGES DO YOU SPEAK? _____

HAVE YOU EVER MANAGED EMPLOYEES? YES NO

IF SO, HOW MANY AND IN WHAT CAPACITY?

RATE YOUR COMPUTER EXPERIENCE: NONE CASUAL AVERAGE ABOVE AVERAGE

RATE YOUR SPOUSE'S COMPUTER EXPERIENCE: NONE CASUAL AVERAGE ABOVE AVERAGE

RATE YOUR FINANCIAL MANAGEMENT SKILLS: NONE CASUAL AVERAGE ABOVE AVERAGE

RATE YOUR SPOUSE'S FINANCIAL MANAGEMENT SKILLS: NONE CASUAL AVERAGE ABOVE AVERAGE

A RAYACOM HAS 3 MAIN COMPONENTS: SALES, MANAGEMENT, AND PRODUCTION

WHICH ONE COMPONENT DO YOU FEEL THE MOST COMFORTABLE WITH?

WHY? _____

WHICH ONE COMPONENT DOES YOUR SPOUSE FEEL THE MOST COMFORTABLE WITH?

ANY OTHER INFORMATION YOU WISH TO PROVIDE:





Personal Financial Profile

PERSONAL FINANCIAL PROFILE

NAME OF BANK	ADDRESS/CITY	PROVINCE	ZIP/POSTAL CODE
NAME OF BANK OFFICER	PHONE NUMBER	ACCOUNT NUMBER(S) AND BALANCE	
LOANS	DATE OF LOAN	ORIGINAL AMOUNT	PAYMENT AMOUNT

NAME OF BANK	ADDRESS/CITY	PROVINCE	ZIP/POSTAL CODE
NAME OF BANK OFFICER	PHONE NUMBER	ACCOUNTNUMBER(S) AND BALANCE	
LOANS	DATE OF LOAN	ORIGINAL AMOUNT	PAYMENT AMOUNT

NAME OF BANK	ADDRESS/CITY	PROVINCE	ZIP/POSTAL CODE
NAME OF BANK OFFICER	PHONE NUMBER	ACCOUNT NUMBER(S) AND BALANCE	
LOANS	DATE OF LOAN	ORIGINAL AMOUNT	PAYMENT AMOUNT

REAL ESTATE

PROPERTY DESCRIPTION	VALUE	DATE ACQUIRED	IN NAME OF	MONTHLY PAYMENT	MATURITY DATE

STOCKS, BONDS, RRSP, RESP, GIC, OTHER

NO. OF SHARES	DESCRIPTION	IN NAME OF	MARKET VALUE



ASSETS PLEDGED

DESCRIPTION

VALUE

TO WHOM PLEDGED

ASSETS

CASH ON HAND & BANK _____
STOCKS, BONDS, SECURITIES _____
RETIREMENT FUNDS _____
LOANS OWED TO YOU (DUE WITHIN 1 YEAR) _____
HOME MARKET VALUE (PRESENT) _____
OTHER REAL ESTATE VALUE (PRESENT) _____
OTHER REAL ESTATE VALUE (PRESENT) _____
INSURANCE (CASH VALUE) _____
BUSINESS OWNED _____
ANY OTHER ASSETS _____

LIABILITIES

NOTES PAYABLE TO BANKS _____
NOTES PAYABLE TO INDIVIDUALS _____
OTHER PAYABLE (DUE WITHIN 1 YEAR) _____
TOTAL CREDIT CARD DEBT _____
VEHICLE LOANS _____
HOME MORTGAGES _____
OTHER MORTGAGES _____
STUDENT LOANS _____
ANY OBLIGATIONS _____

NET WORTH

TOTAL ASSETS _____
TOTAL LIABILITIES _____
SUBTRACT FOR NET WORTH _____
AMOUNT OF CAPITAL AVAILABLE TO INVEST IN A RAYACOM FRANCHISE _____
SOURCE OF CAPITAL _____

This is not a contractual agreement. The signing of this document does not obligate you in any way to purchase a Rayacom Franchise. The undersigned certifies that the information supplied on this proposal is given for credit purposes and is true and correct and authorizes the appropriate credit authority or its assigns to whom this proposal is made and any credit bureau or other investigative agency to investigate all references or data listed or accompanying this proposal. The undersigned authorizes all parties and agrees to release any credit or financial information requested as part or investigation.

*SIGNATURE: _____ DATE : _____

*SPOUSE'S SIGNATURE: _____ DATE : _____

***IF HUSBAND AND WIFE, BOTH SIGNATURES REQUIRED**

RAYACOM RESERVES THE RIGHTS TO DO AN EQUIFAX AND FINANCIAL BACKGROUND CHECK.



VANCOUVER . BURNABY . KELOWNA . EDMONTON . RED DEER . CALGARY . SASKATOON . REGINA . TORONTO