



# Eco Insulation Franchise Application Form

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Fax Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

S.I.N. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Single  
  Common-Law  
  Widowed  
  Married  
  Divorced  
 Separated/Dependants: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses in the past 5 years (use reverse if necessary):

Present Employer:	Position:	Work #:	Mo. Income:	How Long?
Previous Employer (s) in the past 5 years:				

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

S.I.N. \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's Previous Employer \_\_\_\_\_

Source of other Income: \_\_\_\_\_

Relative: Name \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relative: Name \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relative: Name \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Payment: \_\_\_\_\_



Have you ever declared bankruptcy?

If yes, please state the reason and the date:

Yes  No

What You Own (List and Describe All Assets)		What You Owe		
DESCRIPTION	CASH	COMPANY	BALANCE	PAYMENTS
Cash on Hand/Deposit:	\$	Credit Cards:	\$	\$
Bank Account No:				
Bank Account No (2):				
Other:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)		Bank Loans		
1.		1.		
2.		2.		
3.		3.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate:		Mortgage(s):		
1.				
2.		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
<b>Total Assets:</b>	<b>\$</b>	<b>Total Liabilities (add 0/S column):</b>	<b>\$</b>	

NET WORTH = \$ \_\_\_\_\_ (NET WORTH = Total Assets - Total Liabilities) \_\_\_\_\_

Do you presently have a source of financing?  Yes  No

If yes please describe: \_\_\_\_\_  
 \_\_\_\_\_



How much is your injection to the project \$ \_\_\_\_\_

Geographical Preference (Choice 1) \_\_\_\_\_

Geographical Preference (Choice 2) \_\_\_\_\_

Please describe the reason for your desire in this?

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In order to assist us with your credit report, please visit [www.equifax.ca](http://www.equifax.ca) and apply for a credit report (score) By doing this your self, it will eliminate a hard enquiry and no points will be deducted from your score. Once you receive the report please print or forward a copy by email to us in order to conduct our evaluation.

Please Note that we will not be able to complete our evaluation without the report.

I here by certify that the information provided is correct and permission is hereby granted for Network Franchising International to conduct a credit investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Information that you feel may be applicable (include contingent liabilities), please add to this form.

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