



QUALIFICATION REPORT

Print Three Franchising Corporation
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To determine mutual compatibility and financial responsibility, we ask you to fill out this form for careful evaluation by our management. The information supplied by you will be held in the strictest confidence. The submission of this form does not constitute an agreement by either party and is purely for information purposes. Thank you very much.

QUALIFICATION REPORT FORM

Personal Information

Please type or print

Date _____

Name or Names (if more than one principal) _____

Home Address: _____
(Street) (City) (Province) (Postal Code)

Home Phone Number _____ Office _____ Best Time to reach by telephone _____
(Area Code) (Area Code)

Date of Birth _____ Marital Status _____ Number of Dependents _____

Do you own your home? _____ Rent? _____ Years at Present Address _____

Social Insurance No. _____ Spouse's Name and Occupation _____

Spouse's Annual Income _____ Education (Highest level attained) _____

List Three Character References

NAME

ADDRESS

OCCUPATION

1) _____

2) _____

3) _____

Employment during last 10 years (list present or last job first)

EMPLOYER

DUTIES

SALARY

EMPLOYMENT DATE

1) _____ From _____ To _____

2) _____ From _____ To _____

3) _____ From _____ To _____

4) _____ From _____ To _____

Financial Information

Name _____ Date _____

I make the following statement of all my assets and liabilities as of the ___ day of _____, 20__

Assets

Liabilities and Net Worth

Cash	\$	Notes Payable to Banks, Direct Borrowings Only	\$
Accounts and Loans Receivable		Notes Payable to Others	
Life Insurance – Cash Surrender Value (Do not deduct loans.)		Loans Against Life Insurance	
Stocks and Bonds		Accounts Payable	
Real Estate		Mortgages Payable on Real Estate	
Automobiles Registered in Own Name		Other Liabilities (itemize)	
Other Assets (itemized)		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Banking Relations

Name and Location of Bank	Tel. No	Cash	Amt. Of Loan	Salary	\$
				Bonus and Commissions	\$
				Dividends	\$
				Real Estate Income	
				Other Income (itemize)	\$
				Total	\$

Real Estate

Description Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amts. of Payment	Assessed Value	Present Market Value

Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last year

Life insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Value of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Prem.

General Information

How did you become interested in our franchise? _____

Geographic Preference

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

How much capital are you able to invest? _____

Do you currently have a source of financing? _____

Will you have an equity partner? _____ Will he/she be active? _____

Will your spouse be active in the business? _____

Have you ever owned your own business? _____

If so, what type? (i.e., retail) _____

Are you seeking a full time business opportunity? _____

When would you like to open? _____

Additional information that may be helpful: _____

Hobbies & Other Interests: _____

Thank you for completing your Qualification Report.

Please submit to Print Three Franchising Corporation by FAX or Mail.

After review of your Qualification Report we will contact you for a personal meeting to continue your investigation of our Print Three Franchise Opportunity.

Privacy Statement

At Print Three Franchising Corporation we respect your right to privacy. This information will only be used in connection with a Print Three Franchising Corporation Business Opportunity. Your contact information will not be sold to or shared with other organizations. For more information on our Privacy Act please visit our website at www.printthree.com

Certification

I hereby certify that the information given in this application is true, correct and complete to the best of my knowledge and belief.

In connection with this application, I hereby consent to **Print Three Franchising Corporation** conducting and/or causing to be conducted a personal investigation.

Signature: _____

Date _____

Signature: _____

Date _____