



Confidential Franchise Application

Please complete in full. Please type or print clearly and give specific answers to all questions

The filing of this confidential application does not obligate the applicant to purchase a franchise and does not constitute an agreement by which a franchise will be granted by Celluland International Inc.

Personal Information

Name:		
<i>Last</i>	<i>First</i>	<i>Middle</i>

Address:			
<i>Street</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>

Telephone:	EMAIL:
Best time to contact you :	Date of birth:
Country of citizenship:	If not Canadian Citizen, status in Canada:
Spouse's Name:	Date of birth:
Country of citizenship:	If not Canadian Citizen, status in Canada:

Residence: Own () Rent () Other () How long have you lived at this residence?

Education

Highest level of education completed:
Degree(s) earned:
Name of university, college or graduate school:



Business Experience *(Provide most recent work experience first)*

Company:	Address:
Position:	
Briefly describe your business achievements:	
Describe duties and number of employees supervised:	

Present Occupation

Position:	
Company:	
Date employed:	Telephone:

Have you owned or participated directly in a business venture?	If yes, give details:
Are you now, or have you been in the last 36 months a plaintiff or defendant in any type of litigation? If yes, please give details:	
Have you ever been convicted of a criminal offence for which you have not received a pardon?	

YOU MAY ATTACH A PERSONAL RESUME WITH YOUR APPLICATION

Note: Partners must complete a separate qualification application.

What geographical areas are you interested in?

1.

2.

Personal References

NAME	ADDRESS	TELEPHONE
		()
		()
		()

Confidentiality Provision

The applicant understands that prior to executing a franchise agreement, Celluland International Inc. may provide information and material which will be of a confidential nature concerning its system including, without limitation, the contents of the franchise agreement and other secret documents. The applicant agrees to keep all such information confidential and not to disclose the same to any person, firm or corporation or obtain any benefit therefrom, directly or indirectly without the prior written consent of Celluland.

Acknowledgement and Consent

The applicant acknowledges that the statements and information provided in this application are true and represent accurate personal and financial conditions as of the date shown.

I hereby authorize, Celluland and its representative to obtain any background information it deems necessary concerning this application, including but not confined to, reports from the credit bureaus, retail credit company, or any other source or agency that it considers appropriate.

I hereby authorize any bank, insurance company or other lender or financial institution or agency to disclose to you any information they may have pertaining to my financial affairs and for so doing this shall be their good and sufficient authority.

Candidate signature: X	Date: (YY / MM / DD) 20 / /
-------------------------------	--------------------------------------

Please return your completed application form to:

Celluland Quebec Region 11275 Cote-de-Liesse Dorval (Quebec) H9P 1B1	Matt Awad Celluland Eastern Ontario 733 Ridgewood Avenue Ottawa, Ontario K1V-6M8
Fax: (514) 631-7000 Email : info@celluland.com	Fax (613) 733 -6345 Email : matt@celluland.com

The original of the present application must be sent to Celluland head office for processing before any agreement is signed. Celluland reserves the right to request additional information from the applicant.