

BIDS

Franchise Application

Tendering Publications Limited

Personal References

(Name three persons who have known you at least two years — not former employers or relatives)

Name: _____ Position: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Name: _____ Position: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Name: _____ Position: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Credit References

(Companies with whom you have done business)

Company: _____ Credit Card/Acct. #: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Company: _____ Credit Card/Acct. #: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Company: _____ Credit Card/Acct. #: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

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Business Experience

(Give present or last position first; if available, attach resume.)

May we contact your present employer? Yes () No ()

May we contact your former employer(s)? Yes () No ()

Company: _____ Type of Business: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Present: _____

Describe Duties, Responsibilities and Number of Employees Supervised: _____

Reason for Leaving (explain in detail) _____

Company: _____ Type of Business: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Leaving: _____

Describe Duties, Responsibilities and Number of Employees Supervised: _____

Reason for Leaving (explain in detail) _____

Company: _____ Type of Business: _____

Street Address: _____ Telephone: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Leaving: _____

Describe Duties, Responsibilities and Number of Employees Supervised: _____

Reason for Leaving (explain in detail) _____

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Geographic Location Preference

1st Choice: _____ 2nd Choice: _____

Would you be willing to relocate? Yes () No ()

What is the maximum amount of cash that you can invest in a BIDS franchise? \$ _____
(Note: A financial statement will be required.)

Do you currently have a source of financing? _____

Do you plan to have a partner? _____ If yes, will he be active? _____

Do you have plan investors? _____ If yes, to what extent? _____

Note: A separate application and financial statement is required of each person whose name will appear on the Franchise Agreements. Please name such persons:

If you were awarded a BIDS franchise, how many hours per week would you be able to devote to the operation? _____

If less than full time participation is intended, please discuss your staffing plans. _____

Have you ever been self-employed? _____

How did you become interested in our franchise? _____

The thing that appeals to me most about being a **BIDS** franchisee is: _____

As I consider my experience and abilities, I am confident that I can operate a successful BIDS franchise, primarily because:

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Personal Financial Statement

(Please attach a current personal financial statement or complete the following)

I make the following statement of all my assets and liabilities as of the _____ day of _____, 20____
(Please answer all questions, using "No" or "None" when necessary.)

Assets \$ Current

Cash on Hand and in Banks: _____

Listed Securities: _____

Other Stocks and Bonds : _____

Accounts and Loans Receivable: _____

Notes Receivable: _____

Life Insurance Cash Surrender Value: _____

Real Estate : _____

Automobile(s) Registered in Own Name: _____

Other Assets (itemize): _____

Total Assets: \$

Liabilities and Net Worth \$ Current

Notes Payable to Banks, Unsecured: _____

Notes Payable to Banks, Secured: _____

Notes Payable to Others, Unsecured: _____

Notes Payable to Others, Secured: _____

Loans Against Life Insurance: _____

Accounts Payable: _____

Mortgages Payable on Real Estate: _____

Brokers Margin Accounts: _____

Credit Cards (current balance owing): _____

Other Liabilities (itemize): _____

Total Liabilities: \$

Total Assets ñ Total Liabilities = Net Worth \$

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Source of Income

\$ Current

Annual Salary: _____
Bonus and Commission: _____
Dividends: _____
Real Estate Income: _____
Other Income (itemize): _____

Total: \$

Contingent Liabilities

\$ Current

As Endorser or Co-maker: _____
On Lease or Contract: _____
Legal Claims: _____
Income Taxes Payable: _____
Other Specific Debts (itemize): _____

Total: \$

I certify that the personal and financial statement of my property and debts is true, and declare that neither my spouse nor another person has any claim in or to the assets shown, except as set out herein. The whole of my property is shown at a fair valuation. I am not being sued, my property is not subject to legal proceedings of any kind, neither do I owe anything to any other person or institution except as reported herein.

I authorize investigation (including the preparation of credit reports) of all statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.

Date: _____

Signature of Applicant

Date: _____

Spouse's Signature, if Partners *

* If partner is not the spouse, a separate application should be completed

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Supplementary Financial Statement Schedules *(Use separate sheets if required)*

No. 1 Banking Relations (list of all bank accounts):

Name and Location of Bank	Cash Balance	Outstanding Loans	Maturity of Loan	How secured

No. 2 Listed Securities:

Number of Shares	Name	Current Market Value

No. 3 Accounts, Loans and Notes Receivable (list of the largest amounts owing to me):

Name and Address of Debtor	Amounts Owing	Age of Debt	Payment Date	Description of Security held	Description or Nature of Debt

No. 4 Life Insurance:

Name of Insured	Name of Beneficiary	Name of Ins. Company	Type of Policy	Face Amount of Policy	Total Cash Surrender	Total Loans Against Policy	Amount of Yearly	Is Policy Assigned?

No. 5 Other Stocks and Bonds:

Face Value	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	Broker Name	Balance of Margin Account

No. 6 Real Estate (The legal and 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 Number	Dimensions of Areas	Improvements Consist of	Mortgages	Due Dates and	Amounts of Payments	Assessed Value	Present market Value	Unpaid Taxes