



Application for Additional Information

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise. (Complete in full and do not use abbreviations)

NOTE: FAILURE TO ANSWER ANY QUESTION FULLY MAY CAUSE DELAYS

Please Complete and Return this Application as Soon as Possible to Continue Your Investigation of the TeleGrocer® Franchise

Date: _____

Applicant's Information

Your Full Name: _____ Other Names Known By: _____

I am a Canadian Citizen or Landed Immigrant. True False

I am of legal age in my province and/or area of residence. True False

Social Security Number: _____ Have you ever been convicted of a felony? Yes No

Spouse's Information

Spouse Full Name: _____ Other Names Known By: _____

I am a Canadian Citizen or Landed Immigrant. True False

I am of legal age in my province and/or area of residence. True False

Social Security Number: _____ Have you ever been convicted of a felony? Yes No

Contact Information

Current Address: _____ Phone Number: _____

_____ Fax Number: _____

Email Address: _____

How long have you resided at your current residences? _____

Education and Employment Information

Educational Institution	Years Attended	Grade/Degree Attained

Current Employment:

Self-employed Employed By _____ Years? _____

Employer's Address: _____

City: _____

Prov.: _____

Postal: _____

Employer's Telephone: _____

Your Job Title: _____

Type of Business: _____

Can we contact you at work? Yes No

References (not including relatives)

Name	Address	City	Prov.	Phone

Personal Information (please list figures in Canadian dollars)

Present Occupation Annual Income: \$ _____

Other Annual Income: \$ _____

Explanation of Other Income: _____

Personal Bank	Branch	Address	City	Prov.

Specific Data (Please list figures in Canadian dollars)

Estimated minimum income required for your current living expenses: \$ _____

Would this business be your sole source of income? Yes No

I Own my Home I Rent If own, Current Value: \$ _____ Mortgage: \$ _____

Your Total Assets: \$ _____

Your Total Liabilities: \$ _____

Your Net Worth: \$ _____ Investment Cash Available: \$ _____

Do you have a financing source? Yes No Financing Amount Available? \$ _____

If qualified when would you be ready to invest in your franchise? _____
(use "mm/dd/yyyy" to enter date)

Would you be the sole owner of the franchise? Yes No

Franchise Location Preference _____

Do you authorize Net Transactional Services Inc. or its agents to perform a credit check? Yes No

If you choose co-ownership please list names and addresses below. (If names are to be included on the Franchise Agreements, Please have these individuals fill out a separate application).

Name	Address	City	Prov.	Phone

I understand that the granting of a Franchise is at the sole discretion of Net Transactional Services Inc.(Franchisor). I understand that the information I am receiving from the Franchisor or from any employee, agent, or franchisee of the Franchisor is highly confidential, has been developed with a great deal of effort and expense to the Franchisor, is being made available to me because of this application, and will be held in strictest confidence. I will not divulge or use any data, customer or employee names and addresses, techniques, methods, advertising materials, forms, or other information of whatever kind received from the Franchisor without its consent. I understand that I will have to successfully complete the Franchisor's training program before I will be allowed to open for business. I authorize the procurement of an investigative consumer report and understand that it may contain information about my background, character, general reputation, and mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I hereby release Net Transactional Services Inc., their officers, agents, employees and servants from any liability arising from the preparation of this report or investigation relating thereto. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to Net Transactional Services Inc. and any of their officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for an investigative consumer report by the above Net Transactional Services Inc. I authorize that a photocopy or facsimile of this release be considered as valid as the original. I have read this application and everything I have stated in it is true. Additionally, I understand that the information provided by me will be relied upon by the Franchisor.

I read, understand, and agree to all of the above.

Signature (required): _____

Date: _____
(use "mm/dd/yyyy" to enter date)