



forest of flowers
field fresh for less

FRANCHISE QUESTIONNAIRE

(THIS QUESTIONNAIRE DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER)

MR.	MRS.	MS.	FIRST NAME _____	LAST NAME _____
SIN _____	ADDRESS _____		CITY _____	
PROV _____	POSTAL CODE _____	EMAIL _____		
HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE _____		
FAX _____	DATE OF BIRTH (MONTH/DAY/YEAR) _____			

HAVE YOU OR ANY COMPANY YOU HAVE BEEN ASSOCIATED WITH DECLARED BANKRUPTCY? YES _____ NO _____
IF YES PLEASE EXPLAIN _____
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES _____ NO _____
IF YES PLEASE EXPLAIN _____

SPOUSE'S FIRST NAME _____	LAST NAME _____
SPOUSE'S DATE OF BIRTH (M/D/Y) _____	SPOUSE'S OCCUPATION _____
NUMBER OF DEPENDANTS _____	AGES _____

WILL YOU HAVE A PARTNER IN THE BUSINESS? (SPOUSE, FRIEND ETC.)	YES _____	NO _____
IF YES, PLEASE INDICATE:		
PARTNERS INVOLVEMENT: FULL TIME _____	PART TIME _____	INVESTMENT ONLY _____
PARTNERS FIRST NAME _____	LAST NAME _____	
PARTNERS RELATIONSHIP TO YOU _____		
PARTNERS INVOLVEMENT: FULL TIME _____	PART TIME _____	INVESTMENT ONLY _____
PARTNERS FIRST NAME _____	LAST NAME _____	
PARTNERS RELATIONSHIP TO YOU _____		

WORK EXPERIENCE

PRESENT EMPLOYER _____ **MAY WE CONTACT YES** _____ **NO** _____

ADDRESS _____ **CITY/PROV** _____ **PHONE** _____

POSITION _____ **ANNUAL SALARY** _____ **NAME OF SUPERVISOR** _____

DATES EMPLOYED: FROM _____ **To** _____

PRIOR EMPLOYER _____ **MAY WE CONTACT YES** _____ **NO** _____

ADDRESS _____ **CITY/PROV** _____ **PHONE** _____

POSITION _____ **ANNUAL SALARY** _____ **NAME OF SUPERVISOR** _____

DATES EMPLOYED: FROM _____ **To** _____

PRIOR EMPLOYER _____ **MAY WE CONTACT YES** _____ **NO** _____

ADDRESS _____ **CITY/PROV** _____ **PHONE** _____

POSITION _____ **ANNUAL SALARY** _____ **NAME OF SUPERVISOR** _____

DATES EMPLOYED: FROM _____ **To** _____

EDUCATION

LAST YEAR COMPLETED HIGH SCHOOL : 9 10 11 12 **COLLEGE/UNIVERSITY:** 1 2 3 4

NAME OF POST SECONDARY SCHOOL _____ **YEARS ATTENDED** _____

DEGREE _____ **POST GRADUATE DEGREE** _____

DESCRIBE ANY OTHER TRAINING IN SALES, MANAGEMENT, RETAILING, MARKETING ETC: _____

STORE LOCATIONS PREFERRED (PLEASE LIST CITIES OR TOWNS IN SOUTHWESTERN ONTARIO)

1. _____

2. _____

3. _____

FINANCIAL STATEMENT

ASSETS

LIABILITIES

CASH ON HAND & IN BANKS	_____	LINES OF CREDIT	_____
NOTES COLLECTIBLE	_____	MORTGAGES HOME	_____
HOME (MARKET VALUE)	_____	MORTGAGE OTHER	_____
OTHER REAL ESTATE	_____	LOANS PAYABLE	_____
SECURITIES-STOCKS, MUTUAL FUNDS, ETC.	_____	CREDIT CARDS	_____
BUSINESS INTERESTS	_____	UNPAID TAXES	_____
OTHER ASSETS	_____	OTHER LIABILITIES	_____

TOTAL ASSETS TOTAL LIABILITIES

NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES) \$ _____

BANK	
BANK _____	MAY WE CONTACT YES _____ No _____
ADDRESS _____	CITY/PROV _____ PHONE _____

ACKNOWLEDGEMENT AND CONSENT

THIS SUBMISSION AND ACCEPTANCE OF A QUESTIONNAIRE SHOULD NOT BE CONSTRUED AS AN APPROVAL OR A FUTURE GUARANTEE OF BECOMING A FOREST OF FLOWERS® FRANCHISEE. TO BECOME AN “APPROVED” FRANCHISEE, THERE IS A FORMAL PROCESS THAT IS UNDERTAKEN WITH ALL APPLICANTS.

THE UNDERSIGNED ACKNOWLEDGES THAT THE STATEMENTS AND INFORMATION MADE IN THE ATTACHED FRANCHISE QUESTIONNAIRE FULLY AND TRUTHFULLY SET FORTH THE TRUE AND ACCURATE PERSONAL INFORMATION AND FINANCIAL CONDITIONS OF THE APPLICANTS AS OF THE DATE HEREOF.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT FOR THE PURPOSES OF DETERMINING WHETHER OR NOT THE UNDERSIGNED WOULD BE A SUITABLE FOREST OF FLOWERS® FRANCHISEE, AN INVESTIGATION MAY BE MADE WITH RESPECT TO THE INFORMATION ABOVE, INCLUDING CREDIT CHECKS, AS WELL AS FURTHER INFORMATION WITH RESPECT TO THE UNDERSIGNED’S FINANCIAL STATUS, LITIGATION HISTORY, CRIMINAL RECORD HISTORY, EDUCATIONAL CREDENTIALS, EMPLOYMENT HISTORY, CHARACTER AND GENERAL REPUTATION. THE UNDERSIGNED HEREBY CONSENTS TO THE FOREST OF FLOWERS® FRANCHISE CORP OR ITS AGENTS COLLECTING AND RETAINING SUCH INFORMATION AND CONDUCTING FURTHER INVESTIGATIONS WITH RESPECT TO SUCH INFORMATION.

DATED THE _____ DAY OF _____ YEAR _____

SIGNATURE OF APPLICANT _____ PRINT NAME _____

SIGNATURE OF SPOUSE (IF APPLICABLE) _____ PRINT NAME _____

SIGNATURE OF WITNESS _____ PRINT NAME _____

PLEASE RETURN BY MAIL TO:

FRANCHISE DEPARTMENT
 FOREST OF FLOWERS
 841 WELLINGTON RD. UNIT B2
 LONDON ON N6E 3R5

PHONE: 1-877-891-7649
 PHONE: 519- 680-3001
 www.forestofflowers.com