



**REQUEST FOR  
ADDITIONAL  
INFORMATION**

This request asks for general information needed to begin the process of reviewing your qualifications for the Cash-X franchise program, and allows us to distribute to you more detailed information on this opportunity. This questionnaire and the information you will subsequently be provided, will allow us both to make an informed business decision. These steps obligate neither party.

**PERSONAL INFORMATION**

- 1. Name \_\_\_\_\_
- 2. Residence Address \_\_\_\_\_
- 3. Residence Telephone( ) \_\_\_\_\_
- 4. Business Telephone ( ) \_\_\_\_\_
- 5. Date of Birth \_\_\_\_\_
- 6. Social Insurance Number \_\_\_\_\_
- 7. Marital Status \_\_\_\_\_
- 8. Name of Spouse \_\_\_\_\_
- 9. Number of Children and ages \_\_\_\_\_
- 10. Present Health     Excellent  Good  Fair  Poor

- 12 Languages Spoken \_\_\_\_\_
- 13. My involvement in the franchise would be:  Full Time     Part Time     Inactive Investor

- 14. If applicable provide name of proposed manager \_\_\_\_\_
- 15. If applicable list partners and % share

Name _____	% Share _____
Name _____	% Share _____
Name _____	% Share _____

- 16. Are you interested in     Retail Store Location     Call Centre     Hybrid (store with Call Centre)

If a Retail store     One location?     Multi Unit (Please specify) \_\_\_\_\_

If a Call Centre, what population size are you anticipating servicing ? \_\_\_\_\_

- 17. List Preferred locations

- a. Address \_\_\_\_\_ Town \_\_\_\_\_
- b. Address \_\_\_\_\_ Town \_\_\_\_\_
- c. Address \_\_\_\_\_ Town \_\_\_\_\_

18. When would you be ready to start? \_\_\_\_\_

19. Do you own a  Home  Automobile

20. How did you become interested in Cash-X?

21. Why would you be a successful Cash-X franchisee?

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### EDUCATIONAL BACKGROUND

Type of School	Graduated	
	Yes	No
Secondary / High School	_____	_____
College or University	_____	_____
Trade or Correspondence	_____	_____
Tax Training	_____	_____
Other Education/ Training	_____	_____

### BUSINESS EXPERIENCE

1. Principal Occupation \_\_\_\_\_
2. Employer and Address \_\_\_\_\_
3. Have you been, or are you now, an officer, director, partner or owner of a business franchise either as a franchisor or franchisee. \_\_\_\_\_

If Yes, please specify: \_\_\_\_\_

4. Have you ever been self-employed?
5. Work experience for past 10 years:

From	To	Firm	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Significant accomplishments, business or personal:

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7. Payday loan or cheque cashing experience if any:

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Investment & working capital available \$ \_\_\_\_\_

State the source of this capital \_\_\_\_\_

Line of Credit available \$ \_\_\_\_\_

Expected income from franchise \$ \_\_\_\_\_

Will this be your sole source of income Yes  No

If No explain \_\_\_\_\_

Desired return on investment \_\_\_\_\_

Please insert below any information, which you believe, would assist us in determining your qualifications to be responsible for performing all of the terms, covenants, conditions and obligations under a Cash-X franchise agreement.

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What do you feel will be your most important contribution to a Cash-X franchise?

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What if anything do you feel would handicap you in running your Cash-X franchise?

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All of the information in this questionnaire is current as of \_\_\_\_\_, 20\_\_\_\_  
and is true and correct to the best of my knowledge. I also understand that the information  
provided will be kept in strict confidence.

\_\_\_\_\_  
(Signature)

**Please fax back your submission to 1-866-606-8364**  
**Thank you**