



1ST QUALITY MARKETING & PROMOTIONS

LICENSE APPLICATION FORM

This application is kept confidential. Neither Party is bound in any way by the submission of this application. This application must be completed in full and returned to receive further contact and information from 1st Quality Marketing & Promotions. Please type or print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Date: _____

SECTION 1: PERSONAL INFORMATION

- Name: _____
- Date of Birth: _____ S.I.N No: _____ Marital Status: _____
- Spouse's Name: _____ Spouse's S.I.N No: _____ Date of Birth: _____
- Spouse's occupation: _____
- Number of Children: _____ Total Dependants: _____
- Home Address: _____ Years there: _____
- City: _____ Province.: _____ Postal Code: _____
- Country of citizenship: _____ Place of permanent residency: _____
- Tel. # Home: () _____ Tel. # Office: () _____ Fax #: () _____
- E-Mail: _____ Cell: () _____

SECTION 2: BUSINESS INTEREST

- How did you become interested in a 1st Quality Marketing & Promotions license and why:

- Have you ever owned or had an interest in any operation within the marketing & promotions industry?
If yes, please give details:

- Have you ever been involved in any litigation or arbitration/mediation with respect to your previous
business history? If yes, please give details:

- Will you work in the business full time? If no, please give details:

- Will you be responsible for the day to day operations? _____
- Will you have a business partner? If yes, please give name of each partner:
1. _____ 2. _____ 3. _____
- A separate application and financial statements are required for each partner.



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SECTION 5: PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this _____ day of _____, 2008.

Assets:

Cash \$ _____
 Stocks, Bonds & Securities \$ _____
 Accts, Notes Receivable \$ _____
 Real Estate (Market Value) \$ _____
 Mortgage Receivable \$ _____
 Cash value – Life Insurance \$ _____
 Mutual Funds \$ _____
 Automobiles (Market value) \$ _____
 Other assets \$ _____
 TOTAL \$ _____

Liabilities:

Accounts/Credit cards payable \$ _____
 Taxes and assessments payable \$ _____
 Loans \$ _____
 Other bank loans \$ _____
 Mortgage loan \$ _____
 Other liabilities \$ _____
 TOTAL \$ _____

Describe Real Estate Holdings & Value: _____

Describe Securities: _____

- Banking Information: Bank Name _____ Bank Location: _____
- Account type _____ How long? _____
- Mortgage Payment: Monthly _____ Car payment _____ Loan payment _____
- Name of Credit Card Holder _____

Name	Address	Phone	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How will you finance this business venture? Cash \$ _____ Loan \$ _____

What is the source of this capital: _____

SECTION 6: PERSONAL REFERENCES (Please name three persons who have known you for at least two years)

1. _____
Name, address, Occupation and telephone number
2. _____
Name, address, Occupation and telephone number
3. _____
Name, address, Occupation and telephone number



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SECTION 7: ABOUT YOU

From what source did you learn about 1st Quality Marketing & Promotions?

Are you seeking an individual license or multiple units? _____

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION FURNISHED IN THIS LICENSE APPLICATION IS A TRUE AND CORRECT STATEMENT OF MY FINANCIAL CONDITION ON THE DATE INDICATED. I AGREE TO NOTIFY YOU IMMEDIATELY IN WRITING OF ANY MATERIAL CHANGE IN SAID CONDITION. I ALSO AUTHORIZE 1ST QUALITY MARKETING & PROMOTIONS, IT'S AFFILIATES AND THEIR AUTHORIZED SUPPLIERS TO MAKE WHATEVER INVESTIGATIONS AND INQUIRIES THEY MAY CONSIDER NECESSARY TO OBTAIN ALL RELEVANT CHARACTER /CREDIT INFORMATION, RECORDS OF CRIMINAL OFFENSES AND TO RELEASE TO PROSPECTIVE FINANCING SOURCES SUCH FINANCIAL AND OTHER INFORMATION CONCERNING ME IN ITS FILES AS MAY BE REQUESTED.

Applicants Signature

Date

Please fax to 604-() - !) - \$' , email to qualitymktg@shaw.ca or mail to

1st Quality Marketing & Promotions

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