

CONFIDENTIAL APPLICATION FORM

Neither party is bound in any
way by this application
(Please type or print)

NAME: _____ OFFICE TEL.: _____

RESIDENCE: _____ RESIDENCE TEL.: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____ SOCIAL INSURANCE NO.: _____

PERSONAL INFORMATION:

DATE AND PLACE OF BIRTH: _____ CITIZENSHIP: _____

SPOUSE'S NAME: _____ NUMBER OF DEPENDENTS: _____

CHILD(REN)'S AGE(S): _____

HEALTH STATUS: _____ ILLNESS/DISABILITY: _____

HAVE YOU EVER BEEN ACCUSED OF A CRIMINAL OFFENCE? _____ IF SO, WHICH ONE? _____

HAVE YOU PERSONALLY, OR HAS ANY COMPANY YOU HAVE BEEN ASSOCIATED WITH EVER DECLARE BANKRUPTCY?

YES _____ NO _____

IF SO, SPECIFY: _____

BUSINESS EXPERIENCE: _____

PRESENT OCCUPATION: _____

POSITION

COMPANY

ADDRESS

DESCRIBE YOUR DUTIES AND RESPONSIBILITIES, AND GIVE THE NUMBER OF EMPLOYEES UNDER YOUR DIRECTION:

IN THE PAST, HAVE YOU EVER MANAGED A BUSINESS AND CONTRIBUTED SIGNIFICANTLY TO ITS SUCCESS?

IF SO, SPECIFY: _____

PREVIOUS BUSINESS EXPERIENCE: (GIVE THE EXACT NAMES, ADDRESSES AND DATES)

	DATES:	JOB DESCRIPTION	COMPANY	ADDRESS
1.	TO:			
2.	TO:			
3.	TO:			

ACADEMIC BACKGROUND:

CIRCLE THE LAST ACADEMIC YEAR
COMPLETED: HIGH SCHOOL 1 2 3 4 5
COLLEGE 1 2 3
UNIVERSITY 1 2 3 4

DIPLOMAS OBTAINED: _____

DESCRIBE ANY FORM OF TRAINING YOU HAVE RECEIVED IN THE SALES, MANAGEMENT OR RESTAURANT FIELDS:

PERSONAL FINANCIAL STATEMENTS

BALANCE SHEET

AS OF _____

ASSETS		LIABILITIES	
CASH ON HAND OR IN BANK SECURITY (SHARES, BONDS...)	\$ _____	INCOME TAXES PAYABLE	\$ _____
_____	_____	ACCOUNTS AND NOTES PAYABLE	_____
_____	_____	_____	_____
_____	_____	_____	_____
ACCOUNTS AND NOTES RECEIVABLE:	_____	OTHER TAXES AND INTERESTS PAYABLE:	_____
_____	_____	_____	_____
_____	_____	SUB-TOTAL	\$ _____
SUB-TOTAL	\$ _____	MORTGAGES PAYABLE ON REAL ESTATE ASSETS (SEE SCHEDULE 1)	_____
FIXED ASSETS OWNED (SEE SCHEDULE 1)	_____	MORTGAGES PAYABLE ON PERSONAL ASSETS:	_____
AUTOMOBILE(S) AND OTHER PERSONAL ASSETS:	_____	_____	_____
_____	_____	_____	_____
MORTGAGES RECEIVABLE ON REAL ESTATE ASSETS:	_____	OTHER LIABILITIES:	_____
_____	_____	_____	_____
LIFE INSURANCE - SURRENDER VALUE	_____	_____	_____
OTHER ASSETS:	_____	TOTAL LIABILITIES (B)	\$ _____
_____	_____	NET WORTH (A)-(B)	\$ _____
TOTAL ASSETS: (A)	\$ _____	TOTAL LIABILITIES & NET VALUE	\$ _____

STATEMENT OF REVENUE AND CONTINGENT LIABILITIES

CURRENT ANNUAL INCOME		CONTINGENT LIABILITIES	
SALARY	\$ _____	AS ENDORSER, CO-SIGNER OR GUARANTOR	\$ _____
BONUSES & COMMISSIONS	_____	LEASING CONTRACTS OR AGREEMENTS	_____
INTERESTS AND DIVIDENDS	_____	TAXES	_____
RENTAL INCOME:	_____	TRADE RECEIVABLES (DOUBTFUL ACCOUNTS)	_____
OTHER INCOME:	_____	OTHER RECEIVABLES:	_____
_____	_____	_____	_____
TOTAL:	\$ _____	TOTAL:	\$ _____

SCHEDULE 1 - FIXED ASSETS

DESCRIPTION	PURCHASING DATE	IN THE NAME OF	PURCHASE PRICE	MARKET VALUE	MORTGAGES	
					AMOUNT	MONTHLY INSTALLMENTS

STATE THE NAMES OF THE BANKS OR FINANCE COMPANIES WITH WHICH YOU HAVE A CURRENT ACCOUNT AND WHERE YOU CAN OBTAIN A CREDIT LINE OR WHERE YOUR CREDIT RATING CAN BE CHECKED.

NAME	ADDRESS	TELEPHONE	MAXIMUM AUTHORIZED CREDIT	REASON

INVESTMENT AND WORKING CAPITAL AVAILABLE:

\$50,000 _____ \$75,000 _____ \$100,000 _____ \$125,000 _____
 MORE \$ _____

WILL YOU REQUIRE ASSISTANCE TO OBTAIN FINANCING? _____

WOULD YOU DEDICATE ALL OF YOUR TIME TO THIS BUSINESS? YES___ NO___

WOULD YOU BE ASSOCIATED WITH ONE OR SEVERAL PERSONS? YES___ NO___

IF SO, DO YOU HAVE AN IDEA OF THEIR BUSINESS BACKGROUND? YES___ NO___

DO YOU PRESENTLY HAVE A POTENTIAL LOCATION IN MIND? YES___ NO___

IS THAT SPACE: RENTED _____ SPACE PURCHASED _____ WITH OPTION TO PURCHASE _____

WHICH AREAS WOULD YOU PREFER? FIRST CHOICE: _____ SECOND CHOICE: _____

HAVE YOU EVER BEEN EMPLOYED AT A BAROLI CAFFE ? YES___ NO___

IF SO, STATE WHERE AND PERIOD OF EMPLOYMENT: _____

WHAT DO YOU FEEL WILL BE YOUR MOST IMPORTANT CONTRIBUTION TO YOUR BUSINESS? _____

DO YOU HAVE ANY ADDITIONAL COMMENTS OR INFORMATION THAT MAY BE HELPFUL? _____

AS A GUARANTEE OF CREDIT AND OTHER DETAILS, THE UNDERSIGNED SUBMITS HERewith A FINANCIAL STATEMENT AND TRUTHFUL, RELIABLE INFORMATION REFLECTING HIS (HER) FINANCIAL POSITION, AS OF THIS:



_____ DAY OF _____, 20 _____

SIGNATURE

YOUR SIGNATURE GIVES US AUTHORIZATION TO VERIFY YOUR SOLVENCY