



Alliance Independent Associate Application

Name: _____

Street Address: _____ City: _____ Province/State: _____

Postal/Zip Code: _____

Home Telephone: _____ Business Telephone: _____

Email Address: _____ Date: _____

Will this become your full time business? Yes _____ No _____

Are you considering having a partner? Yes _____ No _____

If so, who? _____

PRIVATE AND CONFIDENTIAL

Please type and/or print legibly answering all questions completely.

PERSONAL DATA

Full Legal Name: _____ Date of Birth (mm/dd/yyyy): _____

Social Insurance No.: _____ Canadian Citizen: Yes _____ No _____

Marital Status: _____ Spouses' Full Legal Name: _____

Spouse's Social Insurance No.: _____

How long at current residence? _____ Home: Own _____ Rent _____

Monthly Rental or Mortgage Payment: _____

If you have resided less than five years at your current address, list all previous addresses for the past five years:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

EDUCATION

Circle last year of education completed:

High School	9	10	11	12	13
College/University	1	2	3	4	
Graduate School	1	2	3	4	

Other (please provide details): _____

Name	Year Graduated	Major or Degree
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College/University: _____

Graduate School: _____

Other: _____

BUSINESS / EMPLOYMENT HISTORY

Have you ever been self-employed? Yes _____ No _____

Have you ever declared a business bankruptcy? Yes _____ No _____

Have you ever declared personal bankruptcy? Yes _____ No _____

Current Occupation and Employer: _____

Business Address: _____

Position/Title: _____ Annual Salary: _____

May we contact your present employer? Yes _____ No _____ Contact me first: _____

Name of supervisor: _____ Telephone: _____

BUSINESS VENTURE HISTORY

List any business ventures in which you have been involved, either as an owner, investor, or operator/operating partner (exclude investments in publicly held companies).

Business Venture #1

Name of business and address: _____

Business started: _____ Product/Service provided: _____

Is the business still operating? Yes _____ No _____

If not, when/why was it closed/sold? _____

Positions(s) held: _____ Salary: _____ % Ownership: _____

Are you currently involved with this business? Yes _____ No _____

If so, will you continue to be involved if awarded an Alliance Independent Associate status?

Yes _____ No _____

What percentage of your daily time is spent operating this business? _____

Do you have any contingent liabilities associated with this business? Yes _____ No _____

If so, please list and describe:

Business Venture #2

Name of business and address: _____

Business started: _____ Product/Service provided: _____

Is the business still operating? Yes _____ No _____

If not, when/why was it closed/sold? _____

Positions(s) held: _____ Salary: _____ % Ownership: _____

Are you currently involved with this business? Yes _____ No _____

If so, will you continue to be involved if awarded an Alliance Independent Associate status?

Yes _____ No _____

What percentage of your daily time is spent operating this business? _____

Do you have any contingent liabilities associated with this business? Yes _____ No _____

If so, please list and describe:

Note: if you currently have an interest in any business in addition to those listed above, please provide similar information on an attachment. Please include copies of balance sheets and income statements for the past two years for any company in which you have an interested today.

GENERAL INFORMATION / FINANCIAL DATA

List several references (bankers, suppliers, customers, etc.) for the business listed above. If you have never been self-employed, list personal references, former employers, banker, brokers, etc.

Name	Occupation	Company	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CIVIL INQUIRY

Are you a defendant in any lawsuit or legal action? Yes _____ No _____

If so, please explain:

Have you ever been convicted of a felony? Yes _____ No _____

If so, please explain:

PERSONAL FINANCIAL STATEMENT

PRESENT ANNUAL INCOME	CONTINGENT LIABILITIES
Salary: \$	As endorser, co-maker or guarantor: \$
Bonus and Commissions:	On leases or contracts:
Dividends:	Legal claims:
Real Estate Income:	Provision for Federal Income Taxes:
Other income - itemize:	Other special debt:
TOTAL: \$	TOTAL: \$

ASSETS		LIABILITIES	
Cash on hand and in banks - Schedule A	\$	Notes Payable	\$
Securities - Schedule B		Accounts and bills due	
Accounts and Notes Receivable due - personal		Unpaid Income tax	
Accounts and Notes Receivable due - business		Other unpaid taxes and interest	
SUBTOTAL:	\$	SUBTOTAL:	\$
Real estate owned - Schedule C		Real estate mortgages payable - Schedule C	
Real estate mortgages receivable		Chattel Mortgages and other liens payable	
Automobiles and other personal property		Other debts - specify	
Cash Value - Life Insurance			
Other assets - specify			
		TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH (Total Assets less Total Liabilities)	\$

Provide names of financial institutions where credit information can be obtained and verified.

NAME	ADDRESS	HIGHEST EXTENDED CREDIT	PURPOSE

AGREEMENT

I submit the foregoing financial information as my complete and true personal and financial condition as of the date shown below. Alliance Financing Group Ltd. (Alliance) is authorized to contact any appropriate third parties or credit agencies to verify the accuracy of the information submitted herein and to retain such information for its records. If requested by Alliance, I agree to supply statements from my professional advisors (i.e. banker, broker, accountant or legal counsel) verifying the above assets. I understand that Alliance is relying upon all the above information as a material factor in considering my application to become an Alliance Independent Associate. I also understand that this information will be held in the strictest confidence.

ALLIANCE WILL KEEP A FILE CONTAINING SOME OR ALL OF YOUR PERSONAL INFORMATION AT 55 ADMINISTRATION ROAD, SUITE 11, VAUGHAN, ONTARIO, L4K 4G9 FROM TIME TO TIME. YOU HAVE A GENERAL RIGHT TO ACCESS AND RECTIFY THE PERSONAL INFORMATION IN THIS FILE BY MAKING A WRITTEN REQUEST TO THE ABOVE ADDRESS, ATTENTION: PRIVACY OFFICE.

This form is not to be construed as an offer of a franchise, a commitment or a binding agreement on either party.

The undersigned certifies that the information contained herein has been carefully read and is true and correct.

_____ 20_____
Date signed

Signature

Return to:***Alliance Financing Group Ltd.***

Attention: Scott Hinsperger
Email: shinsperger@alliancefinancing.com
Fax: 905 660-3078 / 877 660-3078
Telephone: 905 660-3660 ext. 224 / 877 660-3660 ext. 224

Mail:
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