

NEW STORE ALLIANCE APPLICATION FORM

PERSONAL INFORMATION		
Full Name:		
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Can we contact you here? YES or NO	Best time to Call: AM: PM:
Work Phone:	Can we contact you here? YES or NO	
Cell Phone:	Can we contact you here? YES or NO	

Date of Birth (M/D/Y):	Are you a Canadian Citizen? YES or NO	Marital Status:
Spouse's Name:	Spouse's Occupation:	Number of Dependents:
Education: State your educational experience, including name and location of schools attended, years completed, and degree/certifications earned.		

BUSINESS EXPERIENCE		
Are you Self-Employed?:	Current Position Held:	
Company Name:	Number of years employed there:	
Address:		Telephone #:
Previous Employer:	Position Held:	Years there:

Do you now or have you ever owned, managed, or held an interest in another business? YES or NO
<i>Details:</i>

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ALLIANCE APPLICATION FORM**

RENTAL BUSINESS INTEREST

Why do you want to become a member of the Event Rental Alliance (**ERA**)?

Do you have any party/tent rental industry experience?

To what extent will you be actively involved in the day-to-day operations of the rental business?

Do you have any specific area or site as the operational location? YES or NO

Details:

In your opinion, what are the reasons customers come to a Event Rental Alliance store?

What are your expectations in owning a **ERA** store?

What will make you a successful **ERA** store owner?

What background will assist you in successfully managing a **ERA** store (i.e. sales, marketing, management, retail)?

What experience do you have in following systems and procedures?

How will joining the Alliance enable you to reach your personal, professional, and financial goals?

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FINANCIAL DETAILS	
What percent of the business will you own? %	If not 100%, who are other investors?
Amount of cash available for investment:	Source of cash for investment:
Do you have access to financing? YES or NO	Details:
Have you been approved for business financing? YES or NO	Amount:

Would this business be your sole source of income? YES or NO
If YES, what is your income expectation?
If NO, what are your other sources of income?

Bank / Credit References		
Company Name	Contact Name	Contact Phone Number
1.		
2.		
3.		

Assets (Real Estate, Investments, Insurances)	Value
1.	\$
2.	\$
3.	\$

Loans / Liabilities	Amount
1.	\$
2.	\$
3.	\$

Sources of Income	Yearly Amount
1.	\$
2.	\$
3.	\$

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LEGAL DETAILS

Have you ever been convicted of a crime? YES or NO

Details:

Do you have any felony charges pending or are you involved in any investigations? YES or NO

Details:

Have you ever filed bankruptcy? YES or NO

Details:

REAL ESTATE OWNED

Address #1:

Date Purchased:

Original Cost:

Current Value:

Mortgage Balance:

Address #2:

Date Purchased:

Original Cost:

Current Value:

Mortgage Balance:

AUTHORIZATION FOR INVESTIGATION

I/we represent that all of the statements made by me/us in the above application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we authorize SERAlliance to check my/our credit with a credit bureau and conduct a background or criminal investigation. I/we understand that this application does not obligate either party to engage in a business transaction in any manner.

	<i>Applicant</i>	<i>Applicant's Partner or Spouse</i>
<i>Printed Name</i>		
<i>Signature</i>		
<i>Date</i>		
<i>Driver's License #</i>		

Please email completed application form to: darren@eventrentalliance.com

Thank you.