

# EXO VATIONS

## Franchise Information



TOTAL EXTERIOR FRANCHISE SYSTEMS, INC  
1550-A Oak Industrial Lane Cumming, GA 30041  
Office: (877) EXO-TODAY ♦ Fax: (678) 947---1800 ♦ email to: [roone@totalexteriors.com](mailto:roone@totalexteriors.com) ♦ <http://www.EXOVATIONS.com>

## Application Form

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to EXOVATIONS or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, he/she should complete a separate application form and submit it along with yours. Thank you again for your interest in EXOVATIONS.

Please fill out the online form or E-mail, Mail, Fax or deliver to:

TOTAL EXTERIOR FRANCHISE SYSTEMS  
1550-A OAK INDUSTRIAL LANE  
CUMMING, GA 30041  
Telephone: 877-EXO-TODAY  
Fax: 678-947-1800  
E-mail: ROONE@TOTALEXTERIORS.COM

### About Yourself

Full Name:

Home Address:

City Province: Postal Code:

Previous Address (If at current address less than 3 years):

Home Phone: May we contact you here? Yes \_\_\_ No \_\_\_

Bus. Phone: May we contact you here? Yes \_\_\_ No \_\_\_

Bus. Fax: May we contact you here? Yes \_\_\_ No \_\_\_

Date of Birth: Citizenship: SIN:

Name of last educational institution attended: Degree/Diploma received:

Will there be any other active partners in this business? Yes \_\_\_ No \_\_\_

Name of Partner 1:

Name of Partner 2

Name of Partner 3

PLEASE NOTE: If you do have a partner, a separate application form will be needed to be submitted

How did you become interested in the Your Business Name franchise?

\_\_\_ You're a regular customer(Specify Location)

\_\_\_ Existing franchisee (Specify name/location)

\_\_\_ Other (Specify)

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## Employment History

<b>Present Employer</b>		
May we contact your present employer?		Yes ___ No ___
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
<b>Previous Employer 1</b>		
May we contact your previous employer?		Yes ___ No ___
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		
<b>Previous Employer 2</b>		
May we contact your previous employer?		Yes ___ No ___
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		
<b>Other Information</b>		
Have you ever been self employed?		Yes ___ No ___
If yes, what type of business?		
Have you or any company you have owned declared bankruptcy?		Yes ___ No ___
Have you ever been involved in any type of civil litigation or criminal offence?		Yes ___ No ___
If yes for either of the above 2 questions, please provide details:		
From a business perspective, what would you say are your greatest...		
Strengths?		
Weaknesses?		
List any hobbies, community activities or special interests:		

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## Your Interests and Commitment

Please specify which geographic areas you are interested in by order of preference:

1

2

3

What are your expectations by owning a EXOVATIONS franchise?

What annual income after expenses do you hope to generate from your business?

How much time will you spend at your franchise? Full time \_\_\_ Part time \_\_\_ (specify hours)

If you have partners in the business, will they be active in the day-to-day operations? Yes\_\_\_ No\_\_\_

Will friends, family or associates be helping you? Yes\_\_\_ No\_\_\_

If so, who are they?

How will they help?

### Your Abilities

Why do you think you will succeed as a EXOVATIONS franchisee?

Why are you interested an EXOVATIONS franchise?

Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business?

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Please provide an example where you have hired, trained and/or motivated staff or why you believe you will be a strong manager of people:

## Financials

(All information provided is strictly confidential and will be treated as such)

Assets		Liabilities	
Cash		Bank loan (car, line of credit etc.)	
Securities		Notes payable	
RRSP's		Home mortgage	
Notes and Loans Receivable		Credit card balance	
Home (market value)		Other real estate loans	
Other real estate		Other liabilities )	
Other assets (please specify)			
Value of business (if self employed)			
<b>Total Assets</b>		<b>Total Liabilities</b>	

Credit card(s) or margin of credit held and limit(s):

Credit 1	Limit
Credit 2	Limit
Credit 3	Limit

### Current net monthly income

### Current net monthly expenses

Salary		Rent/mortgage	
Spouse's salary		Utilities	
Other income		Car expenses	
		RRSP	
		Other	
<b>Total monthly income</b>		<b>Total monthly expenses</b>	

Which specific assets do you intend to use to meet the cash requirements?

1.	2.	3.	4.
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**Other Comments:**

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## Financial References

Name 1:	Company:
Telephone:	Relationship:
Name 2:	Company:
Telephone:	Relationship:
<b>Other References</b>	
Name 1:	Company:
Telephone:	Relationship:
Name 2:	Company:
Telephone:	Relationship:
Comments:	

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Total Exterior Franchise Systems, Inc. or its affiliates or agents to conduct any necessary credit checks and hereby waive my right conferred upon me by the statute or otherwise regarding any disclosures obtained by Total Exterior Franchise Systems, Inc or it's affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between myself and Total Exterior Franchise Systems, Inc.

The submission of this application does not obligate me or Total Exterior Franchise Systems, Inc. in any way or manner.

Date:	Signature:
Print name:	



## Confidentiality and Non-Disclosure Agreement

Total Exterior Franchise Systems, Inc. agrees to provide to the undersigned pertinent confidential and proprietary documents and information relating to EXOVATIONS.

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluation for a EXOVATIONS outlet for the purpose of negotiating an EXOVATIONS Franchise. The undersigned further agrees this information shall only be made available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein.

In the event that it is determined that there is no interest in negotiating the acquisition of an EXOVATIONS franchise, all documents and information provided shall be returned to Total Exterior Franchise Systems, Inc.

Signed:	Date:
Print Name:	
Address:	