



CONFIDENTIAL APPLICATION

Be assured that the following information will be held in strict confidence and its sole purpose is to help determine the qualification of a Vendmax “Energiser Vending” Distributor.

Please complete and return by fax to our office at (204) 694-8700

This form does not obligate either party in any manner.

PERSONAL INFORMATION: (please print)

Date: _____

Name: _____ Age: _____ Marital Status: Single Married

Address: _____ City: _____ Province/State: _____

Postal/Zip Code: _____ Home Phone: _____ Cell: _____

Business Phone: _____ Fax: _____ Email: _____

Best Time to Reach: _____ Phone: _____

How Long at Present Address? _____

Home: Rent Own

GENERAL INFORMATION:

Occupation: _____

Monthly Salary: \$ _____ Years Employed: _____

Approximate Gross Annual Household Income: \$ _____

Are you eventually looking for a complete career change? Yes No

Who would run your business? Yourself Spouse Children Other

Amount available to invest: \$ 5,000.00 to 15,000.00 \$ 50,000.00 to 100,000.00
 \$ 15,000.00 to 25,000.00 \$ 100,000.00 to 200,000.00
 \$ 25,000.00 to 50,000.00 \$ 200,000.00 plus

If this opportunity meets your needs and you are approved as a Vendmax “Energiser Vending” Distributor, how soon could you start? _____

Are you interested in our: Bronze Package Gold Package
 Silver Package Diamond Package

Do you plan to expand this business? _____

MORE INFORMATION:

Please share any comments you feel may be helpful in assessing your application: _____

PERSONAL CHARACTER REFERENCES – other than employers or relatives:

Name in Full	Occupation	Phone Number	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

LOCATION PREFERENCES: (By geographic area / city suburb / town)

1. _____ 2. _____ 3. _____ 4. _____

APPLICANT

SIGNATURE: _____

DATE: _____