



Tokyo Express

11144 - 149 Street, Edmonton, AB T5M1W4
(780) 488-1488 | (780) 488-1688
info@tokyoexpressyeg.com

FRANCHISE APPLICATION FORM

PERSONAL INFORMATION:			
Full Name:			
Date of Birth:			
Home Address:			
City:	State/Province:	Postal Code:	Country:
Phone Number:		Email Address:	
BUSINESS EXPERIENCE:			
Current Occupation:			
Company Name:			
Business Address:			
Nature of Business:			
Duration: From _____ to _____ / _____ / _____			
FRANCHISE INTEREST:			
Preferred Location for Tokyo Express Franchise:			
Have you ever owned a franchise before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please specify: _____			
Why are you interested in a Tokyo Express franchise?			



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FINANCIAL INFORMATION:
Current Source(s) of Income:
Estimated Net Worth: \$
Liquid Assets: \$
How much do you plan to invest in this franchise? \$
Will you have partners? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide their names and details:
REFERENCES (PLEASE PROVIDE AT LEAST TWO):
1) Name:
Relationship:
Phone Number:
1) Name:
Relationship:
Phone Number:
Additional Comments/Information:



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DECLARATION:

I, _____, hereby declare that all the information provided above is true and accurate to the best of my knowledge.

.....
Signature:

.....
Date:

Thank you for your interest in Tokyo Express. We will review your application and contact you once the evaluation process is completed. Please submit the completed form to info@tokyoexpressyeg.com or the address provided by the Tokyo Express Franchise Team.