

INTERNATIONAL INSTITUTE OF TRAVEL

LICENSEE APPLICATION (Held in Confidence)

PERSONAL INFORMATION:		
Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.
Address:		Email:
City:	Province:	Postal Code:
Telephone: (home)	(business)	(fax)
Previous Address:		
City:	Province:	Postal Code:
Date of Birth:		S.I.N. #:
Major Credit Card No.:		<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX
BUSINESS EXPERIENCE:		
Present Occupation: _____		
Employer's Name: _____		Employer's Address: _____
Position: _____		
Responsibilities: _____		
BUSINESS EXPERIENCE (SPOUSE):		
Present Occupation: _____		
Employer's Name: _____		Employer's Address: _____
Position: _____		
Responsibilities: _____		
APPLICANT'S PREVIOUS BUSINESS EXPERIENCE: <i>(starting with most recent)</i>		
1. Employer 's name & address		
2. Employer's name & address		
3. Employer's name & address		
4. Employer's name & address		

EDUCATION:

Please circle the last year of school completed: High School: 1 2 3 4 5 University/College 1 2 3 4 5

Name of University/College:

Degree/Diploma:

Describe any training in sales, management or retailing:

FINANCIAL REFERENCES:*Please give names of banks or finance companies where account are carried or where credit information can be obtained or verified.*

NAME	ADDRESS	HIGHEST EXTENDED CREDIT	PURPOSE/ ACCOUNT OR LOAN NO.
1.			
2.			
3.			
4.			

Have you ever been self- employed ? Yes No If yes, explain:Will you devote full time to this business? Yes No If not, who?

What location are you interested in? City:

Country:

When will you be available to start the business?

PERSONAL REFERENCES: *(other than relatives)*

Name:	Address:	Years known:
Occupation:	Telephone:	
Name:	Address:	Years known:
Occupation:	Telephone:	
Name:	Address:	Years known:
Occupation:	Telephone:	

HOBBIES & INTERESTS: *(describe)*

The undersigned confirms that the above application fully and truly sets forth the true and accurate background information and financial condition of the undersigned on the _____ day of _____, 20__ .

Signature: _____

*Your signature constitutes your approval for us to make a routine credit check.***Return to:** The International Institute of Travel, 120 Carlton St., Suite 402, Toronto, Ontario, Canada M5R 2A7. **Fax:** (416) 924-9632