

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, 1240 Bay St., Suite 307, Toronto, Ontario, Canada M5R 2A7. **Fax:** (416) 924-5667.