



If you are interested in owning your own **SVN FUEL** store today please complete this form and fax it to 604.465.7503 **Attn: Dean Malone**. Remember to fill in the entire form. Please note: All your information is kept **strictly confidential**.

Email: yourstore@svncanada.com, dean@svncanada.com
Fax: 604.465.7503
www.SVNCanada.com

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Current Occupation: _____

Educational Background:

Do you own/rent: _____

What is the current value of Assets: _____

How much are your liabilities: _____

Liquid cash available: _____

How much do you currently have to invest: _____

Why do you want to open a SVN FUEL Store?

When would you like to open: _____

Date: _____

Signature: _____

Please note: This is only an application to be reviewed by SVN FUEL. This does not constitute an agreement or commitment by either party.

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