

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:

How long at Current Occupation:	
What City/Town are you interested in:	
First Choice:	
Second Choice:	
Third Choice:	
Date of Birth:	
Marital Status:	
If Married will spouse be active in the business: YES / NO	
Business Experience (If Applicable) Provide detail of existing business experience:	

Educational Background:
Do you own/rent:
What is the current value of Assets:
How much are your liabilities:
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Liquid cash available:
How much do you currently have to invest:
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Why do you want to open a SVN FUEL Store?
will do you want to open a S TTT CDD Store.
When would you like to open:

Date:	 	 	
Signature:			
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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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