

Confidential Information Form

Email to: michael@stavrourestaurants.com

Surname: _____ First Name: _____

Date of Birth: _____ S.I.N. No: _____ Marital Status: _____

Home Address: _____ Years there: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: () _____

Present Occupation: _____ Company: _____

Salary: _____ Duties: _____

Are you now self employed (yes/no): _____

Do you have experience in the food and beverage industry? _____

ASSETS:

Cash \$ _____

Stocks, Bonds & Securities \$ _____

Accts, Notes Receivable \$ _____

Real Estate (Market Value) \$ _____

Mortgage Receivable \$ _____

Cash Value – Life Insurance \$ _____

Mutual Funds \$ _____

Automobiles (Market value) \$ _____

Other Assets \$ _____

TOTAL (A) \$ _____

LIABILITIES:

Unpaid Taxes \$ _____

Loans \$ _____

Other Bank Loans \$ _____

Mortgage Loan \$ _____

Other Liabilities \$ _____

TOTAL (B) \$ _____

NET WORTH (A-B) \$ _____

THE UNDERSIGNED HEREBY DECLARE THAT ALL INFORMATION PROVIDED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUE, COMPLETE AND CORRECT AND UNDERSTAND IT MAY BE USED TO DETERMINE CREDIT WORTHINESS. THE UNDERSIGNED FURTHER CONSENT(S) TO MAKING ANY INQUIRIES IT DEEMS NECESSARY ON THIS APPLICATION, AND CONSENT(S) TO THE DISCLOSURE AT ANY TIME OF ANY CREDIT INFORMATION ABOUT ME/US TO/FROM ANY CREDIT REPORTING AGENCY.

Phone: 514 550 1133

Email:

michael@stavrourestaurants.com