

SAM*INK-CANADA

RESELLER APPLICATION

Please return this form promptly along with a current resume. If you are applying for a reseller in partnership with another person, other than spouse, please fill out separate profiles.

PERSONAL DATA

Name:	
Address:	
Years at this address:	
Home Phone:	
Work Phone:	
Fax:	
Email Address:	
Occupation:	
Drivers License #:	

HOW DID YOU FIRST LEARN ABOUT SAM*INK?

WHAT PROMPTED YOUR INQUIRY?

EDUCATIONAL BACKGROUND

	SCHOOL/LOCATION	MAJOR	DEGREE(S)	YRS. ATTENDED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

ACADEMIC ACHIEVEMENTS OR ACTIVITIES?:

BUSINESS EXPERIENCE: List previous employment beginning with most current or recent.

COMPANY	TYPE OF BUSINESS	POSITION	DATES OF EMPLOYMENT	RESPONSIBILITIES
			to	
			to	
			to	
			to	
			to	

MEMBERSHIP IN ANY CIVIC, SERVICE OR PROFESSIONAL ORGANIZATIONS?:

FINANCIAL INFORMATION:

APPLICANT'S INCOME	
Part-Time	
Full-Time	
Not Employed	
Under USD30,000	
\$ 30 – 50,000	
\$ 50 – 70,000	
\$ 70 – 90,000	
Over \$ 90,000	

BRIEFLY DESCRIBE YOUR QUALIFICATIONS TO BE A RESELLER:

SAM*INK-CANADA

RESELLER APPLICATION

Please return this form promptly along with a current resume. If you are applying for a reseller in partnership with another person, other than spouse, please fill out separate profiles.

WHY ARE YOU INTERESTED IN RUNNING AND OPERATING A SAM*INK RESELLER?

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFICE MISDEMEANORS? (IF YES, PLEASE DESCRIBE):

ARE ANY LAWSUITS PENDING AGAINST YOU? (IF YES, PLEASE GIVE PARTICULARS):

HOW WILL YOU FINANCE THE BUSINESS?

WILL YOU HAVE A BUSINESS PARTNER?

IF SO, NAME OF PARTNER AND THEIR RELATIONSHIP TO YOU:

WILL YOU BE RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS OF THE BUSINESS?

IF NOT, WHO WILL?

LOCATION PREFERENCE	CITY or TOWN
1 st Choice	
2 nd Choice	
3 rd Choice	

WHEN DO YOU ENVISION OPENING YOUR FIRST LOCATION?

SIGNATURE:	DATE: