



AIR CON
NEW ZEALAND

Franchise Application – Strictly Confidential

Date: _____

Full Name: _____

Address: _____

Phone (Home): _____ (Bus): _____ (Fax): _____

Date of Birth: _____

Full Name of Spouse/Partner: _____

Date of Birth: _____

No. of Children: _____ Age of Children: _____

Present Occupation: _____ Company: _____

Address: _____

Phone: _____ Contact Name: _____

Length of Time in Present Occupation: _____

Are there any health reasons that may restrict your ability to properly operate an electrical installation business?

Will you have a business partner? _____

Will they be active in the business & to what extent? _____

Name of business partner (if any): _____

How do you propose to fund the total purchase price of the franchise?

Equity: _____ Loan: _____

Will you require assistance to obtain funding? _____

Have you ever been bankrupt? _____ Place & Date: _____

What level of income do you need to earn from your business to fund your personal requirements?

What is your current annual income, including sources other than your salary? _____

Do you have previous experience with air conditioning/heat pumps/electrical contracting? _____

If so, how many years and what type of experience? _____

What trade qualifications do you have? _____

What trade qualifications do your employees have? _____

What other skills and educational qualifications do you have? _____

Is there any other information you would like us to know about to support your application?
(Use an additional sheet if necessary)

Business References

(To be contacted after interview)

Name: _____ Title in Company: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Title in Company: _____

Company: _____ Phone: _____

Address: _____

Personal References

(To be contacted after interview)

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

I understand that this application does not obligate the franchisor, their agent or me in any way and does not constitute an offer. I understand that, following my interview with the franchisor, references and previous employers may be contacted.

I certify that all the information contained in this application is true and correct and agree to update this information as changes occur.

Full Name: _____

Signature: _____ Date: _____

Post this application to:

Air Con Franchises Limited
P.O. Box 8279
Christchurch