



EXTREME BRANDZ INTERNATIONAL BUSINESS APPLICATION

Please print or type

Date ____/____/____

GENERAL INFORMATION

PRINCIPAL CONTACT NAME: _____

BUSINESS ADDRESS: _____

CITY: _____

COUNTRY: _____

ZIP/POSTAL CODE: _____

BUSINESS PHONE: _____

BEST TIME TO REACH: _____

E-MAIL ADDRESS: _____

BUSINESS INFORMATION

NAME OF ENTITY: _____

YEAR ENTITY ORGANIZED: _____

PLACE OF INCORPORATION: _____

NUMBER OF PARTNERS OR SHAREHOLDERS: _____

BUSINESS PURPOSE OF ENTITY: _____

BUSINESS' WEBSITE ADDRESS: _____

PREVIOUS YEAR'S REVENUE (TURNOVER): _____

NUMBER OF EMPLOYEES: _____

NAME OF RELEVANT OFFICERS FOR ENTITY: _____

POSITION: _____



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LAST FIVE YEAR SUMMARY HISTORY: _____

YEAR:	NAMES OF CONCEPTS/BRANDS:	TOTAL NO. OF STORES
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

TERRITORY

PROPOSED COUNTRY OR TERRITORY TO DEVELOP: _____

METHOD OF DEVELOPMENT (please choose one): MASTER FRANCHISING or COMPANY OWNED

APPLICATION STATEMENT

IT IS UNDERSTOOD THAT THE PURPOSE OF THIS APPLICATION IS FOR INFORMATION ONLY, AND IS IN NO WAY BINDING UPON EITHER EXTREME BRANDZ, ITS AFFILIATES, OR THE APPLICANT. THE INFORMATION I HAVE SUBMITTED WITHIN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNED ON BEHALF OF (NAME OF ENTITY) _____

PLEASE SUBMIT THE APPLICATION THROUGH ANY OF THE FOLLOWING METHODS:

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E-Mail: mcunningham@extremebrandz.com