

TCBY® Canada
Corporate - Franchise Application

Name: _____

Title: _____ Date of birth: _____

Corporation Name: _____

Address: _____

Phone: () _____ Fax: () _____

Web site: _____ e-mail: _____

Province of incorporation: _____ Date of incorporation: _____

Franchise affiliation (if applicable): _____

Principals of the Corporation:

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

How many locations does the corporation operate? _____

How many units would you upgrade with **TCBY**? _____

Does the corporation franchise locations? Yes _____ or No _____

If yes, how many locations are currently franchised? _____

What are the geographic areas of interest at this time? _____

What other food services does the corporation operates? _____

Bank reference:

Bank: _____ Contact: _____

Address: _____

Phone: () _____ Account number: _____

Other business references:

Name: _____ Contact: _____

Address: _____

Phone: () _____

Name: _____ Contact: _____

Address: _____

Phone: () _____

Please attach your corporation's latest financial statement.

How did you hear about TCBY®? _____

Signature: _____ Date: _____

TCBY® CANADA

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