



Tokyo Express

11144 - 149 Street, Edmonton, AB T5M1W4
(780) 488-1488 | (780) 488-1688
info@tokyoexpressyeg.com

FRANCHISE APPLICATION FORM

PERSONAL INFORMATION:

Full Name:

Date of Birth:

Home Address:

City:

State/Province:

Postal Code:

Country:

Phone Number:

Email Address:

BUSINESS EXPERIENCE:

Current Occupation:

Company Name:

Business Address:

Nature of Business:

Duration: From _____ to _____ / _____ / _____

FRANCHISE INTEREST:

Preferred Location for Tokyo Express Franchise:

Have you ever owned a franchise before? Yes No

If Yes, please specify: _____

Why are you interested in a Tokyo Express franchise?



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FINANCIAL INFORMATION:

Current Source(s) of Income:

Estimated Net Worth: \$

Liquid Assets: \$

How much do you plan to invest in this franchise? \$

Will you have partners? [] Yes [] No

If Yes, please provide their names and details:

REFERENCES (PLEASE PROVIDE AT LEAST TWO):

1) Name:

Relationship:

Phone Number:

1) Name:

Relationship:

Phone Number:

Additional Comments/Information:



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DECLARATION:

I, _____, hereby declare that all the information provided above is true and accurate to the best of my knowledge.

.....
Signature:

.....
Date:

Thank you for your interest in Tokyo Express. We will review your application and contact you once the evaluation process is completed. Please submit the completed form to info@tokyoexpressyeg.com or the address provided by the Tokyo Express Franchise Team.