PRO PASSPORT PHOTO PARTNERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Title:	Phone:	
Current address:		
City:	Province:	Postal Code:
Related Experience: YES/NO	Criminal Record: YES/NO	

BUSINESS INFORMATION		
Business Name:		
Business Address:		Number of years in business:
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Business Type:	Available Store Space: YES/NO	Signage Allowed: YES/NO
Months of Lease Left:	Number of Employees:	Store Hours:
Other Affiliate Relationships: e.g. Canada Post		

CONTACT INFO
Preferred Way of Contact:

ADDITIONAL INFORMATION

REFERENCES		
Name	Address	Phone

SIGNATURES	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant:	Date:

PRO PASSPORT PHOTO

FAX COMPLETED FORM TO: 800-456-6132 OR EMAIL TO JOINUS@PROPASSPORTPHOTO.COM