



**JOHN
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MASTER DISTRIBUTOR APPLICATION & PERSONAL PROFILE

PERSONAL

NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS	
CITY, STATE, COUNTRY, ZIP/POSTAL CODE		HOME PHONE NUMBER ()	BEST TIME TO PHONE
EMAIL ADDRESS		FAX NUMBER ()	
BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVERS LIC OR ID NUMBER	COUNTRY OF CITIZENSHIP
MARITAL STATUS	NUMBER OF DEPENDENTS	SPOUSE'S NAME	SPOUSE'S OCCUPATION
HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 7 YEARS? YES [] NO []		HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES [] NO []	

PROFESSIONAL BACKGROUND

CURRENT OCCUPATION / TITLE	LENGTH OF EMPLOYMENT	SELF EMPLOYED YES NO
NAME OF COMPANY	BUSINESS PHONE NUMBER ()	
STREET ADDRESS		
CITY, STATE, COUNTRY, ZIP/POSTAL CODE		
PROVIDE A BRIEF REVIEW OF LAST 5 YEARS OF EMPLOYMENT (ATTACH EMPLOYMENT HISTORY DOCUMENT OR RESUME)		

PERSONAL REFERENCES

RELATIONSHIP TO APPLICANT	NAME	PHONE NUMBER ()
RELATIONSHIP TO APPLICANT	NAME	PHONE NUMBER ()
RELATIONSHIP TO APPLICANT	NAME	PHONE NUMBER ()

BANK REFERENCES

NAME OF INSTITUTION	INSTITUTION'S ADDRESS			
ACCOUNT NUMBER	ACCOUNT TYPE	CONTACT NAME	DATE ESTABLISHED	PHONE NUMBER ()
ACCOUNT NUMBER	ACCOUNT TYPE	CONTACT NAME	DATE ESTABLISHED	PHONE NUMBER ()

BUSINESS ENTITY INFORMATION

PLEASE INDICATE ONE OF THE FOLLOWING

EXISTING ENTITY [] NEW ENTITY TO BE FORMED []

IF EXISTING, WILL THE BUSINESS BE GUARANTEEING THE DEBT TO JGC, INC
IN ADDITION TO PERSONAL GUARANTEES?

YES NO

PLEASE INDICATE ONE OF THE FOLLOWING

SOLE PROPRIETORSHIP [] PARTNERSHIP [] LIMITED PARTNERSHIP [] LIMITED LIABILITY COMPANY []

NAME OF BUSINESS ENTITY

PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY

AMOUNT OF INITIAL WORKING CAPITAL AVAILABLE

\$ PERSONAL [] OR EXISTING [] BUSINESS ASSETS

STATE OR COUNTRY OF FORMATION

DATE OF LEGAL EXISTANCE

NAME OF OWNER(S), PARTNER(S), OR MEMBER(S)

PERCENTAGE OF OWNERSHIP

NAME OF OWNER(S), PARTNER(S), OR MEMBER(S)

PERCENTAGE OF OWNERSHIP

NAME OF OWNER(S), PARTNER(S), OR MEMBER(S)

PERCENTAGE OF OWNERSHIP

NAME OF OWNER(S), PARTNER(S), OR MEMBER(S)

PERCENTAGE OF OWNERSHIP

GENERAL INFORMATION

HOW DID YOU HEAR ABOUT NJOY?

WHAT IS YOUR PRIMARY COUNTY OR TERRITORY OF INTEREST?

HAVE YOU EVER BEEN A FRANCHISEE? IF YES, IDENTIFY COMPANY:

HAVE YOU EVER BEEN A MASTER DISTRIBUTOR? IF YES, IDENTIFY COMPANY:

WHEN DO YOU PLAN ON MAKING YOUR INVESTMENT?

WHAT CREDENTIALS DO YOU POSSES THAT WOULD QUALIFY YOU TO BE A MASTER DISTRIBUTOR FOR JGC, INC?

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD SUPPORT OUR DECISION TO MOVE FORWARD, RELATIVE TO YOUR ABILITIES AND PREVIOUS BUSINESS EXPERIENCE THAT WOULD PROVIDE FOR A SUCCESSFUL LAUNCH OF THE NJOY CONCEPT WITHIN YOUR COUNTY OR TERRITORY?

IF APPLICABLE, PLEASE INCLUDE YOUR COMPANY FINANCIAL STATEMENT AND CORPORATE PORTFOLIO.

I authorize a background check and investigation (including preparation of credit reports) of all statements and financial information disclosed herein, and release all parties from liability for any damage that may result from furnishing any information to you.

Signature

Date

By signing above, I warrant that all of the information submitted in connection with this application, including any financial statements attached to this application are true and accurate as of the date below; and, I agree to notify John Green Consulting Inc. of any material change in my personal, business, or financial status while this application is pending. I understand that this application does not constitute an offer by John Green Consulting Inc. to sell a distributorship and that this information is being provided to John Green Consulting Inc. solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that in addition to any information provided by me, John Green Consulting, Inc. may obtain and exchange background information relating to my personal and business records, including but not limited to my credit, tax, litigation, property, corporate and criminal records. I consent to and acknowledge that the information provided with this application may be used to qualify me for any Master Distribution programs made available through John Green Consulting, Inc.