



Thank you for taking an interest in Buffalo Bill Wings Franchises. In filling out this application for consideration as a possible franchise owner you are one step closer to being a part of the Buffalo Bill wings family. All information contained in this form will be strictly confidential and you are not obligated to purchasing the franchise at this time.

Please fax or email a copy of this form to
Fax: 514-948-5555
E-Mail: info@buffalobillwings.com

BASIC INFORMATION

NAME: _____

HOME ADDRESS: _____

CITY : _____ PROVINCE: _____ POSTAL CODE: _____

S.I.N.: _____ DATE OF BIRTH (M/D/Y/) _____ MARITAL STATUS _____

HOME PHONE: _____ FAX: _____ BEST TIME TO CALL _____

BUSINESS PHONE: _____ FAX: _____ BEST TIME TO CALL _____

BACKGROUND INFORMATION

High School: College/University:

Diploma/Degree: No Yes Name of Diploma/Degree: _____

Have you, or do you own you own business?: No Yes

TYPE OF BUSINESS? _____

COMPANY NAME: _____ TITLE/POSITION _____ ANNUAL INCOME _____

