



# REQUEST FOR CONSIDERATION

Completion of this confidential profile does not obligate you or the company in any manner, but will help us to determine mutual compatibility and financial suitability.

Please return completed profile to:

**Solatube Australia - Brisbane Office**  
PO Box 3429, Tingalpa DC QLD 4173  
Telephone: 61+ 13 16 19  
Facsimile: 61+ 1800 042 288  
Sola Tube Australia ABN 76 144 716 316  
[www.solatube.com.au](http://www.solatube.com.au)

**Solatube Australia – Brisbane Office**

PO Box 3429, Tingalpa Qld 4173

Ph: 13 16 19 Fax: 1800 042 288

ABN 76 144 716 316

**Request for Consideration**

All information supplied by you will be treated in a strictly confidential manner. Neither the request for, nor the furnishing of, information supplied shall create any obligation or liability whatsoever on the part of the person offering such information to Solatube Australia.

Incomplete Applications may not be considered.

Full Name:		Date of Birth:	
Address:			
City:	State:	Postcode:	Email Address:
Daytime Phone No.		Evening Phone No.	Fax No.
Aust Citizen	Marital Status:	Number of Dependants:	Name of spouse (if married)
High School: Name, State, Year Graduated:			
Tertiary, University – diplomas and degrees, Year Graduated:			
Please list your market(s) of interest:			
How did you first become aware of the Solatube Premier Dealer Business Opportunity?			
How soon can you start	What other types of businesses are you looking at?	How long have you been looking?	
What are your strengths based on your business experience?			

**BUSINESS BACKGROUND INFORMATION (Attach resume if available)**

Current Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Postcode: \_\_\_\_\_

May we check your references? Yes \_\_\_ No \_\_\_

Contact Person: \_\_\_\_\_

Have you ever owned/operated a Business? Yes \_\_\_ No \_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Years in Business: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

**REFERENCES**

Professional Reference – list a supervisor, colleague or other person who is familiar with your work history.

Name: \_\_\_\_\_ Affiliation with You: \_\_\_\_\_  
Address: Telephone \_\_\_\_\_ Telephone: \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever filed bankruptcy or for protection from creditors in the past seven years?

Yes \_\_\_ No \_\_\_ If yes, please state date and details: \_\_\_\_\_

Have you or your business had any judgments or liens filed against you in the past seven years?

Yes \_\_\_ No \_\_\_ If yes, please state date and details: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?

Yes \_\_\_ No \_\_\_ If yes, please state date and details: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family ever been affiliated with or employed by Solatube or any of its franchises?

Yes \_\_\_ No \_\_\_ If yes, please state date and details: \_\_\_\_\_  
\_\_\_\_\_

Explain briefly your motivation for owning your own business: \_\_\_\_\_  
\_\_\_\_\_

Will you devote your full time to this business? Yes \_\_\_ No \_\_\_ If not, give your intentions as to the division of your time: \_\_\_\_\_

Will any other family member be directly involved in the daily operation of this business? Yes \_\_\_ No. \_\_\_

If yes, list who and in what capacity. \_\_\_\_\_

What are your income expectations from this business? \$ \_\_\_\_\_ (1st year) \$ \_\_\_\_\_ (2nd year)  
\$ \_\_\_\_\_ (3rd year)

**OTHER PARTIES WITH A FINANCIAL INTEREST IN THIS BUSINESS:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Association: \_\_\_\_\_ Partner Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Postcode: \_\_\_\_\_  
Current Occupation and/or Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Association: \_\_\_\_\_ Partner Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Postcode: \_\_\_\_\_  
Current Occupation and/or Employer: \_\_\_\_\_

SOURCE OF FUNDS

Prior to approving this application, you must provide copies of statements for verification of your cash investment funds from your financial institution(s). Cash investors with no ownership and management interest in the dealership must submit a letter of commitment stating how much they are contributing, where the funds are coming from and their anticipated participation level. Partners, shareholders and anyone who will have any ownership interest in the dealership must complete a separate application.

ANNUAL INCOME/NET WORTH

Salary \$ \_\_\_\_\_  
 Spouse Salary (if required to qualify) \$ \_\_\_\_\_  
 Dividends and Interest \$ \_\_\_\_\_  
 Real Estate Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_

Total Annual Income, From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

ASSETS		LIABILITIES	
Cash	\$ _____	Accounts Payable	\$ _____
Savings	\$ _____	Notes Payable Secured	\$ _____
Certificates of Deposits	\$ _____	Notes Payable Unsecured	\$ _____
Marketable Securities*	\$ _____	Real Estate Mortgages	\$ _____
Non-Marketable Securities	\$ _____	Other Debts	\$ _____
Loans Receivable	\$ _____	Other Debts	\$ _____
Real Estate Owned	\$ _____	Other Debts	\$ _____
Personal Property	\$ _____	Total Liabilities	\$ _____
Other Assets	\$ _____	Total Net Worth (Assets minus Liabilities)	\$ _____
Total Assets:**	\$ _____		

\*Use of marketable securities as part of your cash investment source indicates that you are prepared to liquidate these securities upon the approval of your application.

\*\* The assets you indicate that are designated for your personal cash investment (in addition to funds committed by any additional investors) must be equal to or greater than the amount you have indicated as your portion of the source of funds.

Thank you for your Request for Consideration. All information supplied by you will be treated in a strictly confidential manner. You understand that the personal information and financial statements to be submitted to Solatube Australia are material to your evaluation as a potential dealer, and are therefore certified by you as true substance and correctly given. The undersigned hereby authorizes Solatube Australia to undertake such investigation and verifications as deemed necessary to substantiate the facts herein supplied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date