

LAST NAME: _____ FIRST NAME : _____ LOCATION: _____

INTERNATIONAL DEVELOPMENT DIRECTOR _____

Confidential Questionnaire

Artra International Corp.

Personal Information

Family Name:

Given Name:

Address:

City:

State/Province:

Country:

Postal/Zip Code:

Daytime Telephone #:

Evening Telephone #:

Mobile/Cellular Telephone #:

Fax #:

Email:

Describe your health:

Name of Spouse:

Spouse's Occupation:

Spouse's Employer:

General Information

How did you learn of Artra International Corp.?

What attracted you to the advertisement? (If applicable)

What do you know about our industry?

Will you devote your full time to this business? YES/NO (circle one). If "No", indicate how you will divide your time and who will be responsible for daily operations and sales?

Describe the abilities and accomplishments you feel will make you a successful Artra Associate:

- 1)
- 2)
- 3)

Are you open to identifying the areas in which your skills are weak and willing to arrange for additional help in these areas?

Are you open to further expanding your business by hiring commission based people to provide education, sales & marketing to business over the phone & in session?

What would be important to you in operating your own business?

What are the most important issues to you in developing an association with Artra?

- 1)
- 2)
- 3)

Geographic preference: (1) _____ (2) _____ (3) _____

Organizations/Memberships

Of which social, civic, fraternal, professional or other organizations are you a member? _____

List any outstanding achievements, honor or special awards. _____

Employment Background (alternative provide a resume)

List your recent position first. (Enclose resume if available)

Employer: _____

Address: _____

Type of Business : _____ Employed from: _____ to: _____ Monthly Salary :

Job Title: _____ Responsibilities: _____

Why do/did you wish to leave? _____

What do/did you like about this position? _____

What do/did you dislike about it? _____

Employer: _____

Address: _____

Type of Business: _____ Employed from: _____ to: _____ Monthly Salary : _____

Job Title: _____ Responsibilities: _____

Why did you wish to leave? _____

What did you like about this position? _____

What did you dislike about it? _____

Employer: _____

Address: _____

Type of Business: _____ Employed from: _____ to: _____ Monthly Salary : _____

Job Title: _____ Responsibilities: _____

Why did you wish to leave? _____

What did you like about this position? _____

What did you dislike about it? _____

Educational History

| Name and Location of School | Number of years | Year you left | Approx. grade average | Nature of courses taken or Degree and Major | Certificate or Degree earned |
|---------------------------------|-----------------|---------------|-----------------------|---|------------------------------|
| High School | | | | | |
| College | | | | | |
| Other (Include Graduate School) | | | | | |

Other education or training:

Financial Statement

| ASSETS | | LIABILITIES AND NET WORTH | |
|--------------------------------------|----|-------------------------------------|----|
| CASH ON HAND | \$ | NOTES PAYABLE TO BANKS UNSECURED | \$ |
| CERTIFICATES OF DEPOSIT | | NOTES PAYABLE TO BANKS SECURED | |
| CASH SURRENDER VALUE LIFE INSURANCE | | LOAN AGAINST LIFE INSURANCE | |
| MARKETABLE SECURITIES (MUTUAL FUNDS) | | NOTES PAYABLE TO OTHERS UNSECURED | |
| RRSP'S | | NOTES PAYABLE TO OTHERS SECURED | |
| ACCOUNTS RECEIVABLE | | ACCOUNTS PAYABLE | |
| NOTES RECEIVABLE | | MORTGAGES PAYABLE ON REAL ESTATE | |
| REAL ESTATE AT COST OR MARKET VALUE | | OTHER LIABILITIES (ITEMIZE) | |
| AUTOMOBILES | | | |
| PERSONAL PROPERTY | | | |
| OTHER ASSETS (ITEMIZE) | | | |
| | | (2) TOTAL LIABILITIES | \$ |
| (1) TOTAL ASSETS | \$ | (3) NET WORTH (subtract #2 from #1) | \$ |

| SOURCES OF INCOME | YOURSELF | SPOUSE |
|---|----------|--------|
| SALARY | \$ | |
| BONUS AND COMMISSIONS | \$ | |
| DIVIDENDS | \$ | |
| REAL ESTATE INCOME | \$ | |
| OTHER INCOME - ITEMIZE (OPTIONAL IF FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENT) | | |
| TOTAL | | |

What is your minimum monthly gross income requirement while you start your business? \$ _____

How do you plan to support the initial working capital required for your new business? i.e., cash, loan on real estate, line of credit, personal loan from family or friend, etc. Give general dollar amounts for each:

\$ _____

\$ _____

What other information would you like Artra International Corp. to consider?

If approved, how soon could you begin training? _____

The facts supplied by me in this questionnaire are true to the best of my knowledge and belief. I authorize verification of my employment, character and financial references and understand that these verifications may affect me being awarded an Artra International Corp. license and territory. In addition, misrepresentation or omission of facts on this questionnaire is cause for disqualification as a prospective Artral Independent Sales and Marketing Consultant.

Signature _____ Date _____