

## Franchise Enquiry Form

Applicant Name:

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Details:

Tel Number: Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

*Please circle accordingly:*

**Marital Status:** Single / Married / Divorce / Separated / Widowed **Gender:** Male / Female

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Do you currently own or operate another franchise? If yes, please provide further details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this franchise business be your full time occupation: Yes / No

How much Capital do you have available to invest in the franchise? \_\_\_\_\_

How do you intend to finance the business?

\_\_\_\_\_  
\_\_\_\_\_

What proportion of project costs (if any) do you intend to borrow? \_\_\_\_\_

In what Geographical areas would you most like to operate an Intercargo Franchise in?

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

The information requested in this form is to be used by Intercargo to evaluate your suitability to become an Intercargo Franchisee. All the information will be held confidentially. Please note submission of this form does not obligate either party in any way.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_ PRINT NAME \_\_\_\_\_