

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?

1st Choice _____ 2nd Choice _____

3rd Choice _____ 4th 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 _____