

FRANCHISEE OF SMOOTH APPLICATION FORM

Thank you for your interest in owning a WAXIT Franchise. Please complete the application form below in as much detail as possible and send it back to us at Franchise@waxit.co.za.

We will then review your application and be in touch with you regarding the next steps of the franchising process.

ABOUT YOU

Name:

Surname:

Physical Address:

Phone Number:

Email:

Do you own your own business?

Business Name:

Business Category:

Business Location:

Qualifications:

Business Experience:

Is it your intention to run the operation on a full-time basis?

In which area are you interested in opening a WAXIT outlet?

Where did you find out about this franchise opportunity?

What do you know about the industry?

What do you believe is required to make this business successful?

What unencumbered cash contribution do you have on hand to invest?

DIRECTORS, MEMBERS, PARTNERS, SHAREHOLDERS & APPLICANTS

Applicant 1:

Name:

Company:

Phone Number:

Email:

Applicant 2:

Name:

Company:

Phone Number:

Email:

REFERENCES

Reference 1:

Name:

Company:

Phone Number:

Email:

Reference 2:

Name:

Company:

Phone Number:

Email: