



Franchise Application Form

Personal Background:

Name: _____ Age: _____
 Birthday: _____ Tel. No. _____
 Home Address: _____ Mobile No. _____
 Office Address: _____
 E-Mail Address: _____ Fax No. _____

Educational Attainment:

	School	Course	Year Graduated
Elementary			
Secondary			
Tertiary			

Business Background:

Employed Self-employed Entrepreneur

Company Name: _____
 Office Address: _____
 Nature of Business: _____

References:

Business / Character References:

Name: _____ Telephone No.: _____
 Address: _____

Name: _____ Telephone No.: _____
 Address: _____

PREFERRED LOCATION: (Pls. Specify exact location)

Bank Name	Branch	Contact No.

NCR _____
 Luzon _____
 Visayas _____
 Mindanao _____

How did you learn about INK MAN VENTURES INC.?

Print Ads _____ Referrals _____
 Friends/Relatives _____ Franchise Exhibit _____
 Invitational Letters _____ Others (pls. specify) _____

Signature over Printed Name