

FRANCHISE APPLICATION

Please email or fax this form back to us once complete.

CONTACT INFORMATION

First Name:

Last Name:

Contact Number:

Email:

Address:

Country of Citizenship:

Have you ever pursued or been involved in a franchise opportunity? Yes No

If yes, which company?

Why do you want to be a part of the Smooth Effects Team?

How did you hear about us? I am a client
 Internet
 Referral
 Magazine
 Other

What would your involvement be? Full Time Part Time Investment Only

Have you ever filed for bankruptcy protection? Yes No

If yes, identify discharge date:

List of current jobs:

Education: University/College High School Other

*This form is not to be confused as an offer of a franchise, a commitment, or a binding contract on either party.