

CONTACT INFORMATION

First Name _____ Surname _____

Cell _____ E-Mail Address _____

Address _____ Country of Citizenship _____

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

If yes, which company? _____

Why do you want to be part of the Smooth Effects team? _____

How did you hear about us? I am a client Online Referral Print Ad Other

What level of involvement would you have? Full-Time Part-Time Investment Only

Have you ever filed for bankruptcy protection? Yes No

If yes, what was your discharge date? _____

Please list off your current job(s): _____

Education level: University/College High School Other

Signature Of Applicant _____

return application to:

Smooth Effects Inc.
E-Mail: franchise@smootheffects.ca
ATTN: Morgan Higgins