



FRANCHISE INTEREST FORM

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Name:	Home Address:		
Home Number:	Email Address:		
Cell Number:	Which type of clinic are you looking to open? (Check One)		
What is your estimated net worth?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Single Practitioner</td> <td style="width: 50%; padding: 5px;">Multi Practitioner</td> </tr> </table>	Single Practitioner	Multi Practitioner
Single Practitioner	Multi Practitioner		
How did you hear about Natural Effects®?	How many locations are you interested in developing?		
Have you visited one of our clinic locations?	Areas or cities interested in Developing:		
What made you interested in the Natural Effects® concept?			
How soon are you looking to open your Natural Effects® franchise location?			
Do you need assistance in securing start-up capital or a business loan?			
What is the best method to contact you? Email or phone?			
What time is best to contact you to discuss this franchise opportunity further?			
Additional Comments or Questions:			