

THE COFFEE CLUB®

Where will I meet you?

FRANCHISEE APPLICATION FORM

AUCKLAND
 Botany Junction, Flat Bush (CBR)
 Botany Town Centre, Botany Downs
 Customs Street, City
 Lake Road, Takapuna (CBR)
 Lunn Avenue, Mt. Wellington (CBR)
 Milford Mall
 Sylvia Park, Mt. Wellington (CBR)
 Westfield Albany
 Westfield Glenfield
 Westfield Manukau
 Westfield St. Lukes
 Westfield WestCity, Henderson

HAMILTON
 Centre Place, City
 The Base, Te Rapa
 Westfield Chartwell

TAURANGA
 Tauranga - Bethlehem Town Centre (CBR)
 Tauranga - Mount Maunganui

HASTINGS
 Omaha Road (CBR)

PALMERSTON NORTH
 The Square, City

WELLINGTON
 Chew's Lane, City
 North City Mall, Porirua
 Westfield Queensgate, Lower Hutt

CHRISTCHURCH
 High Street Mall, City
 Westfield Riccarton

(CBR) denotes
 Café Bar Restaurant Store

The Coffee Club Franchising NZ
 Phone: 09 304 0008
 Fax: 09 379 0590

www.wherewillimeetyou.co.nz

PARTNER ONE

Name: _____

Address: _____

Phone: _____

Mobile: _____

Fax: _____

Date of Birth: _____

Email: _____

PREVIOUS BUSINESS / EMPLOYMENT EXPERIENCE

(Last 10 years)

Years	Position

STATEMENT OF ASSETS & LIABILITIES

ASSETS

Cash (Bank) _____

Business Investments _____

Real Estate _____

Share & Investments _____

Other (Super) _____

TOTAL ASSETS _____

LIABILITIES

Overdrafts _____

Mortgages _____

Credit Cards _____

Other _____

TOTAL LIABILITIES _____

TOTAL NET WORTH _____

PROPOSED INVESTMENT

Cash: _____

Loan Type: _____

Total: _____

Preferred Location: _____

Preferred Timeframe: _____

Why have you chosen franchising?

What is it about The Coffee Club that interests you over others in the industry?

Tell us the motivating factors behind you wanting to own your own business?

What do you think will assist in making you a successful franchisee with The Coffee Club?

Where did you first find out about a franchising opportunity with The Coffee Club?

Signature: _____

Date: _____

This information is confidential and will be treated as such. All parties agree that the contents are for information purposes only and neither obligates The Coffee Club or the prospective Franchisee to grant or accept any Franchise.

Return in an envelope addressed to:
 The Property Manager
 The Coffee Club Franchising (NZ) Ltd
 PO Box 78-203, Grey Lynn,
 Auckland, 1245.

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PARTNER TWO

Name: _____

Address: _____

Phone: _____

Mobile: _____

Fax: _____

Date of Birth: _____

Email: _____

PREVIOUS BUSINESS / EMPLOYMENT EXPERIENCE

(Last 10 years)

Years	Position

STATEMENT OF ASSETS & LIABILITIES

ASSETS

Cash (Bank) _____

Business Investments _____

Real Estate _____

Share & Investments _____

Other (Super) _____

TOTAL ASSETS _____

LIABILITIES

Overdrafts _____

Mortgages _____

Credit Cards _____

Other _____

TOTAL LIABILITIES _____

TOTAL NET WORTH _____

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Cash: _____

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