



FRANCHISEE APPLICATION FORM

The Coffee Club Franchising Company Pty Ltd
A.C.N. 063 065 571
336-338 Montague Road
PO Box 5786
West End Qld 4101
Tel. (+61) 7 3010 3000
Fax. (+61) 7 3844 2551

Preferred Location: _____

PARTNER ONE

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Mobile: _____

Fax: _____ DOB: / /

Email: _____

Business employment experience for the last 10 years:

Years: _____ Position: _____

STATEMENT OF ASSETS & LIABILITIES

ASSETS

Cash (Bank) _____

Business Investments _____

Real Estate _____

Shares & Investments _____

Other D Super, House Contents _____

LIABILITIES

Overdrafts _____

Mortgages _____

Credit Cards _____

Other _____

NETWORTH

Signed: _____ Date: / /

PROPOSED INVESTMENT

Cash _____

Loan Type _____ (Lease, mortgage etc.)

Total _____

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 key elements could you bring to *The Coffee Club* to enhance the business relationship?

Where did you find out about our franchising opportunity?

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 envelope marked confidential address to:
The Property Manager, The Coffee Club Franchising Company Pty Ltd
PO Box 5786, West End Qld 4101 Australia



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Preferred Location: _____

PARTNER TWO

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Mobile: _____

Fax: _____ DOB: / /

Email: _____

Business employment experience for the last 10 years:

Years: _____ Position: _____

STATEMENT OF ASSETS & LIABILITIES

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Real Estate _____

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