

SOLANGE EVENTS FRANCHISING INC

LEAD INQUIRY FORM

Please fill up and submit	
LAST NAME	FIRST NAME
HOME ADDRESS	
TEL. NO.	MOBILE NO.
COMPANY:	
POSITION:	
COMPANY ADDRESS:	
TEL. NO.	EMAIL ADDRESS:
AREA/LOCATION PROPOSED FOR FRANCHISED OUTLET: (PLS. DESCRIBE)	
WILL YOU CONSIDER OTHER AREAS? YES NO SPECIFY:	
I can invest the total amount of: (in Pesos)	
Will you be actively involved in the business? as an individual with partners	I plan to operate the franchise: as an individual with partners
BUSINESS BACKGROUND	BACKGROUND IN A SIMILAR BUSINESS
OTHER PLANS/REMARKS OR SUGGESTIONS:	
HOW DID YOU FIND US? TRADE SHOW AD SOCIAL MEDIA REFERRAL OTHERS:	
REQUEST FOR PRESENTATION I AM AVAILABLE ON DATE: ____/____/____ TIME: ____AM/____PM	