



Prospective Franchisee Enquiry Form

First Name: _____ Surname: _____

Mailing Address: _____

Business Phone: _____ Fax No: _____ Mob: _____

Home Phone: _____ Best time to call: _____

Email: _____

Reasons for Interest: _____

Comments/Questions: _____

Email to: info@bluepoint.net.nz

Date: _____