POST TO:

Crewcut Franchise Group Po Box 90–815, Auckland Mail Centre

or scan/photograph & email to: info@crewcut.co.nz

Expression of Interest



Personal details		ALL INFORMATION IS PRIVATE AND CONFIDENTIAL				
NAME		AGE		DOB		
ADDRESS						
MOBILE	НОМЕ		WORK			
EMAIL		MARITAL STATUS			CHILDREN?	ARE YOU A HOMEOWNER?
PARTNERS NAME (If applicable)		AGE		DOB		
Employment details HOW WOULD YOU FINANCE A BUSINESS VENTURE LIKE THIS?						
LAST EMPLOYMENT			YEARS			
COMPANY	POSITION			FINISH DATE		
REFERENCE (WORK OR PERSONAL IS ACCEPTABLE)						
NAME	RELATIONSHIP		PHONE			
Confidentiality understand that all the information properties to discuss this with anyone relamentenance franchising. I also agree documents relating to Crewcut Franchi	ted or involved wif for any reason I	vith a competitor in	the area	a of lawr	nmowing	or home
SIGNATURE				DATE		
E ONLY						