



Franchisee form

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PERSONNAL INFORMATION

IDENTITY

Name : _____
First name : _____
Birthday : _____ Nationality : _____
Address : _____
Postal code : _____ City : _____ Country : _____
Phone : _____ Cell phone : _____
Fax : _____ Email : _____

Photo

FAMILY STATUS

Single Married Divorced Other

Job of spouse: _____

Number and age of children : _____

PROFESSIONNAL INFORMATION

YOUR ACTUAL PROFESSIONNAL STATUS

Job : _____

Company or activity : _____

YOUR PROFESSIONNAL EXPERIENCE

Entry/Exit	Name and address of company	Status	Wage

INVESTMENT

What is the amount of personal contribution you have to open a franchise Carré d'artistes® ?

You : _____ Your spouse : _____

Your family or partners : _____ Bank loan : _____

TOTAL : _____

ADDITIONAL INFORMATION

In which city, region or country do you want to install ?

Choice n°1 : _____

Choice n°2 : _____

Choice n°3 : _____

What is your geographical mobility ? _____

When are you planning to open a gallery Carré d'artistes® ?

In : 6 month 9 month 1 year + than 1 year

YOUR MOTIVATIONS

Why did you choose this business (art gallery) ?

Why did you choose franchise Carré d'artistes® ?

How did you hear about the franchise Carré d'artistes® ?

Press Internet Gallery. If yes, wich one : _____

Other : _____

What qualities do you have to develop a franchise Carré d'artistes® ?

Would you spend all your time in activity Carré d'artistes® ?

Yes No

If no, what percentage of time do you devote to this activity ?

Additional information you want to specify :

Date and signature :

Document to send to :
Carré d'artistes®
434 les allées François Aubrun
RN7 Palette le Tholonet
13100 Aix-en-Provence
France