



Please Fill Out Information & Return

Name:

Address:

Phone:

Fax:

Mobile:

Email:

Age:

Current Occupation:

Have You Had Any experience In The Concrete Or Concrete Resurfacing Industry: Yes/N (if yes please give details)

Details:

Do You Have A Computer At Home: Yes/No

Current Vehicle:

Are You Prepared To Travel To Work: Yes/No

Do You Have A Minimum Amount You Must Earn Per Week: Yes/No If Yes Rough Amount Per Week:\$

Have You Ever Been Self Employed: Yes/No If Yes Please Give Details:

What Makes You Interested In This Type Of Give Details:

How Do You Intend To Finance Your New Venture Give Details:

What Amount Of Money Would You Like To Earn Per Month:\$

Would You Run Your New Business As A Family Business: Yes/No

When Do You Intend To Start Up This Type Of Business:

What Would You Estimate Your Start Up Costs To Be:\$

Do You Intend This To Be A Long Term Business: Yes/No

Have You Ever Owned Any Type Of Franchise Before Yes/No If Yes Please Give Details:

Please Fax (03) 97376411 Or Email mybusiness@supremeresurfacing.com.au This Form Back To Us ASAP

S P R A Y P A V E C O N C R E T E F L O O R P O L I S H I N G G R I N D I N G S E A L I N G A C I D S T A I N