



PT. ITALINDO CITRAMODERN

Jl. Lebak Bulus PDK No. 47, Jakarta 12440 **Phone** (62-21) 765 5312 **Fax** (62-21) 765 6083

Website www.londre.co.id **Email** management@londre.co.id

FRANCHISE OPPORTUNITIES

Thank you for your interest in the Londre Franchise Opportunities.
Please complete the enquiry form and send to us at the following details;

CONTACT INFORMATION

Your Full Name : Mr./Mrs./Ms.....Age

Mailing Address :

City

Postal Code Country

Telephone : Home Office

Facsimile : Home Office

Email :

Company Name : Position

Business Activities : Year Established

FRANCHISE INTEREST

1. You are interested to acquire the Londre, franchise opportunity for:

- Country Master
- Regional Master
- Single Unit (at a location Counter)

2. Territory/territories you are interested to operate the Londre, franchise:

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3. Have you operated a franchise business before?

- Yes
- No

If yes, please state franchise name(s):

4. Do you have any business experience in retail / service industry?

- Yes
- No

5. Amount of funds available to invest in the business: US\$

6. Please indicate your interest accordingly:

- I would like to know more about the Londre Franchise. Please Contact me.
- Please send me a copy of the Franchise Application Form.
- Others, please specify:

.....
Signature

.....
Date

*Note: The filling of this Franchise Enquiry Form does not obligate either party in any manner.
The purpose of this form is to collect enquirer's general information as part of the franchisee selection process.*