

Pralinor Franchise application form

Basic Information					
Company Name				Registration Number	
City		Person in charge		Phone Number	
Business Scope					
Any prior experience in food retail business? Explain..		<input type="checkbox"/> YES: _____ _____			
If no, any experience in retail?		<input type="checkbox"/> NO: _____ _____			
VAT invoice available?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Shop Introduction					
<input type="checkbox"/> Street Shop		<input type="checkbox"/> Shopping mall Counter		<input type="checkbox"/> Department Store	
Area		Area		Area	
Monthly Rent		Monthly Rent		% of sales	
		Floor & Location		Floor & Location	
How about flow of people(very good/ good/ Average/ small)? Explain.		_____ _____			
Market Survey? E.g: other chocolate stores nearby? In the city?		_____ _____ _____			
Contact Way					
Contact Name				Position	
Mobile		Phone		Fax	

Please fill this form and fax it to **(021) 52522734** or scan it and send it to **pralinor@gmail.com**

宝利诺食品(上海)有限公司

75 West Suzhou road. 200041 Shanghai

西苏州路75号上海200041

Tel: (021) 62986872 Fax: (021) 52522734

pralinor@gmail.com