



## FRANCHISE QUESTIONNAIRE

Hello! We want to know you better.

Your responses will shape our proposal for you and how we can work together. All information will be kept confidential. Complete the form below to receive the latest franchise investment deck and to set a meeting with the President & Founder. Feel free to let us know if you have any clarifications!

Name:	
Role and Company Name:	
Industry:	
Address:	
Contact Details:	mobile -
	email -

Which Buffed Wellness Group Brand are you interested in opening? (check all that apply)

<input type="checkbox"/>	Buffed Nail Lounge ( <a href="http://www.buffednailounge.com">www.buffednailounge.com</a> )
<input type="checkbox"/>	Ethos Day Spa ( <a href="http://www.ethosdayspaph.com">www.ethosdayspaph.com</a> )
<input type="checkbox"/>	Both

How did you first learn about Buffed Nail Lounge / Ethos Day Spa?	
What range of capital do you currently have available for investment?	
What attracted you to Buffed Nail Lounge / Ethos Day Spa?	

Do you plan to open Buffed Nail Lounge / Ethos Day Spa yourself or sub-franchise to others? Please identify approximate percentage of company-owned shares and sub-investors shares?

In which region/city are you considering opening a Buffed Nail Lounge / Ethos Day Spa?

What are your business goals that you want to achieve with us?

What are your core values?

What is the source of your capital? (check all that apply)

- Personal
- Company
- Investments
- Others (Please Specify):

What is your timeline for launching a new business?

- 0-3 months
- 4-6 months
- 7-12 months
- More than 12 months

**Thank you!**

We'll reach out to you in 1-2 business days after you've completed this questionnaire. Please send back to [hello@buffednailounge.com](mailto:hello@buffednailounge.com).



[hello@buffednailounge.com](mailto:hello@buffednailounge.com)

[www.buffednailounge.com](http://www.buffednailounge.com) | [www.ethosdayspaph.com](http://www.ethosdayspaph.com)