



INITIAL CONTACT FORM

Thank you for expressing an interest in Coco's Canine Club. Please provide the following information. If there will be more than one party in this venture, each individual will need to complete a separate Initial Contact Form.

Upon completion of this form please return to cliff@franchiseci.com All information will be kept confidential.

Submission of this form to Triple C Franchising, LLC does not obligate any interested party(ies) and/or Franchisor.

_____/_____
Name Date Completed

City of Residence State

Cell Phone # Alternate Phone #

Email Address Alternate Email Address

How did you learn about Coco's Canine Club?

What area/territory are you interested in? Please indicate:

City: _____

State/County: _____

Name of individual completing form (if different than contact name above): _____

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