

# Franchise Request Form

Dear Potential Franchisee,

In order to serve your needs efficiently, please submit the following franchise request form and you will be contacted by Healthbox franchise representative at our earliest convenience.

<div><i>First Name</i></div>	<div><i>Last Name</i></div>
<div><i>Email</i></div>	<div><i>Phone</i></div>
<div><i>Country</i></div>	<div><i>City</i></div>
<div><i>Educational Background</i></div>	<div><i>How did you hear about Healthbox?</i></div>
<div><i>Please State why you are interested in a Healthbox Franchise.</i></div>	<div><i>Please Describe your Business Experience.</i></div>

Available Capital For Investment:

- ☐ 250K USD – 500K USD
- ☐ 500K USD – 1 Million USD
- ☐ > 1 Million USD