

Franchise Disclosure Agreement Form

Franchisor Information

Franchisor Name

Franchisor Address

Contact Person

Prospective Franchisee Information

Full Name

Address

Phone Number

Email Address

Acknowledgement of Receipt of Disclosure

Date of Disclosure Document Provided

Acknowledgement

I acknowledge that I have received the Franchise Disclosure Document from the franchisor listed above. I understand that I have at least the minimum period required by law to review the document before signing any franchise agreement or making any payment.

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Franchisee Signature

Signature

Date

Franchisor Representative Signature

Signature

Date