



REFERENCES:

Name:

Tel Number:

Name:

Tel Number:

Name:

Tel Number:

I understand that the submission of this application does not obligate me or Enlighten Laser Inc. in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that Enlighten Laser Inc. has the sole right to approve or disapprove the Application for any reason it may determine, and in the event that Enlighten Laser Inc. disapproves the Application, Enlighten Laser Inc. shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. Enlighten Laser Inc. is authorized to investigate my background as it pertains to my qualifications. I further authorize Enlighten Laser Inc. to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential Enlighten Laser Inc. franchisee.

Print Name: _____

Signature: _____

**Please scan and email your completed application
to franchise@enlightenlaser.ca or by fax at 1-902-468-9507**