

General Information

How did you become interested in our franchise? _____

Geographic preference _____

How much capital are you and/or your investment group willing to invest? _____

Do you currently have a source of financing? _____

I authorize investigation (including the preparation of credit reports) of all statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.

Your Signature _____

Additional information that may be helpful _____

Please Reply To: **Samuel Mancino's**
ITALIAN EATERY

Nu-Ventures, Inc.
1324 W. Milham
Portage, MI 49024
Office: 269.226.4400
Toll Free: 888.432.8379

Franchise Application



To determine mutual compatibility and financial responsibility, we ask that you fill out this form for a careful evaluation by our management. The information supplied by you will be held in the strictest confidence. The submission of this form does not constitute an agreement by either party and is purely for information purposes. Thank you very much.

