



Pizza ATM - Santa Pizza

FRANCHISE SELECTION FORM

Your Name	WhatsApp Number
Are you in Service or Business?	Nature of Service or Business
Postal Address	
Mobile	
Email	Website
Which Pizza ATM – Santa Pizza Franchise are you interested in starting? <ul style="list-style-type: none">• State Master Franchise (name State) _____• District / City Franchise (name District) _____• Pizza ATM Unit Franchise (Location) _____• Pizza ATM Unit Franchise with Minimum Guaranteed Profit _____• Country Licence _____• Super Robo District or State Rights _____	
Have you been or are you currently in Food business? If Yes, please give details..	
How much time can you devote to this business?	
If selected, when can you start the business?	

Please feel free add additional information in support of your application.

Signature _____

Date _____

(For Office Use only)

Applicant Assessment Score _____

Final Status _____