



The Water Stain Doctor®

Return by - Faxed / Post / Scanned email

Licensed Agency (franchise) Application (interest shown)

Region _____ Date _____

Full name: _____ DOB: _____

Address: _____

State/Region _____, Country _____ Post code _____

Drivers License# _____ State (country) Issued _____

Home Ph: _____ Cell: _____ Fax _____

Email: _____ *IRD/ATO/Tax# _____

Ideal Agency 'activation' (start) date: (if applicable) _____ Martial status _____

Any Health issue that may affect your physical ability to carry out restoration work?
Y or N - If so, What?

Bank acc# (Bank, Branch Inc) _____

Any convictions? _____, If so, what? _____

Emergency Contact in emergency - Name _____

Emergency Phone number - Cell _____,



ABN # 52 252 831 374

The Water Stain Doctor GLOBAL

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GLOBAL - PO Box 350, RD2, Rangiora, North Christchurch, - New Zealand

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