TAX SERVICE

Franchise Inquiry Form

Thank you for your interest towards an EG Tax Franchising Opportunity. By filling out this form, you are taking the first step in partnering with a successful company. Please fill out the information below so that we may better assist you in your success.

Name:_____
Last First MI

Address: _____

City: _____ State:_____ Zip Code: _____

Email:_____

Home Phone: ( )_____ Alternative Phone: ( )_____

Please Explain Your Interest In EG Tax: _____
_____
_____
_____
_____
_____.

What City Are You Interested In? _____

Do you have the time and financial means to provide for a successful Franchise?

Yes No

Do You Currently Own A Tax Business? (Circle One) Yes No

Upon completion of this form, please email to Mrickard@egtax.com or you may fax to (716)632-7886.