



## ***Maid to Perfection***<sup>®</sup>

3111 Innovation Drive  
St. Cloud, Florida 34769  
1-800-648-6243  
FAX (407) 498-3065

### **TOUR REQUEST**

For your convenience, you may go to [www.maidtoperfection.com/tourrequestform.html](http://www.maidtoperfection.com/tourrequestform.html) to submit the Tour Request form electronically.

From: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

TO: Maid to Perfection<sup>®</sup>  
3111 Innovation Drive  
St. Cloud, Florida 34769  
1-800-648-6243

I hereby submit my Franchise Application for consideration as a ***Maid to Perfection***<sup>®</sup> Franchisee.

I understand that upon receipt and favorable review of my Franchise Application, and scheduling availability, I will be invited to visit with corporate officers of ***Maid to Perfection***<sup>®</sup> in St. Cloud, Florida. The purpose of this visit is to verify information received by ***Maid to Perfection***<sup>®</sup> marketing representatives and to provide full business disclosure. It is further understood that I will receive complete indoctrination on a ***Maid to Perfection***<sup>®</sup> business with methods and procedures to implement and sustain a successful ***Maid to Perfection***<sup>®</sup> franchise.

It is understood that ***Maid to Perfection***<sup>®</sup> reserves the right to reject any application and/or applicant if the candidate does not meet the qualification requirements. I agree not to disclose information released to me during this visit and to protect the confidentiality with respect to the ***Maid to Perfection***<sup>®</sup> franchise system.

REQUESTED VISIT DATES: (1) \_\_\_\_\_ TIME \_\_\_\_\_

(2) \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_  
FRANCHISE CANDIDATE