



REFERENCES:

Name:	Tel Number:
Name:	Tel Number:
Name:	Tel Number:

I understand that the submission of this application does not obligate me or Wellness Brands Canada Inc. o/a DermaEnvy Skincare or affiliated companies and/or directors and shareholders in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that Wellness Brands Canada Inc. / DermaEnvy Skincare has the sole right to approve or disapprove the Application for any reason it may determine, and in the event that DermaEnvy Skincare disapproves the Application, DermaEnvy Skincare shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. Wellness Brands Canada Inc. o/a DermaEnvy Skincare and/or directors and shareholders are authorized to investigate my background as it pertains to my qualifications. I further authorize Wellness Brands Canada Inc./ DermaEnvy Skincare to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential DermaEnvy Skincare franchisee.

Print Name: _____

Signature: _____

Date: _____

Please scan and email your completed application to franchise@dermaenvy.com