



APPLICATION FORM

Lead Contact Information:

First Name: _____

Last Name: _____

Phone #: (____) ____ - _____

Mobile #: (____) ____ - _____

Fax #: (____) ____ - _____

Email Address: _____@_____

Address Information:

Address: _____

City: _____ State: ____ Zip Code: _____

Country: _____

Please mail this application to the following address:

Jim Godfrey
Franchise Regional Representative
P. O. Box 5863
Granbury, TX 76049

If you need more information, contact me at:

Office #: (254) 968-5474

Home #: (817) 910-2419

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