

M.E.R.G.E.

REQUEST FORM

First Name:

Middle Name:

Surname:

Street Address:

City:

Province:

ZIP:

Email Address:

Cellphone number:

FRANCHISE CONCEPTS (Select 3 Franchise name)

☐

K-Egg

☐

Henhen

☐

Konam

☐

Inihaw Blvd.

☐

Ko-Tea

☐

Tako-Yum

☐

Aling Lucing

☐

Pizzazaur

Food Sampler:

Sponsor ID:

Account ID: