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Name of Business:		
Contact Person:		
Type of Business:		
Location:		
Telephone Number:		
Email Address:		
Website:		
Brief Description of Business:		
List of Services and Prices:		
Professionals and Qualifications:		
Operating Hours:	Days	Time
	<input type="checkbox"/> Monday	
	<input type="checkbox"/> Tuesday	
	<input type="checkbox"/> Wednesday	
	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Friday	
	<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday		
<p>Would you like your customers to book appointments/consultant from the platform? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Signature _____

Date _____