

# Franchise Closure Agreement

Date: [Insert Date]

[Franchisee's Name]  
[Franchisee's Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Franchisor's Name]  
[Franchisor's Address]  
[City, State, Zip Code]

Subject: Franchise Closure Agreement

Dear [Franchisee's Name],

This letter serves as a formal agreement regarding the closure of the franchise location at [Franchise Address]. Both parties agree to the following terms:

1. The franchise will be officially closed on [Closure Date].
2. All franchisor materials shall be returned by [Return Date].
3. Any outstanding financial obligations must be settled by [Settlement Date].
4. Both parties release each other from any further liability or claims after the closure date.

Please sign below to confirm your acceptance of the terms outlined above.

Sincerely,

[Franchisor's Name]  
[Franchisor's Title]  
[Franchisor's Company]

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Franchisee's Signature  
Date: \_\_\_\_\_

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Franchisor's Signature  
Date: \_\_\_\_\_