

PETROLEUM MARKETING GROUP, INC.

SERVICE STATION DEALER APPLICATION



Please mail this completed form to: Petroleum Marketing Group, Inc.
Attention: Dealer Prospect Coordinator
1110 Benfield Blvd., Suite F
Millersville, MD 21108-2540

APPLICANT AUTHORIZATION

In Conjunction with my application for a dealership with Petroleum Marketing Group, Inc., I hereby consent to a complete background Investigation to be conducted on myself. I understand that this background may include, but is not limited to a consumer credit report, education history, driving record, criminal history and references. I understand that information requested may also include information pertaining to my character, work habits, performance, and experience, along with the reasons for termination of past employment from previous employers.

I hereby authorize any law enforcement agency; administrator; federal; state or local agency, institution; information service bureau; employer; or insurance company contacted by Petroleum Marketing Group, Inc. or any authorized agent of Petroleum Marketing Group, Inc. to furnish the above-mentioned information. I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be valid as the original.

APPLICANT'S SIGNATURE

TODAY'S DATE

WITNESS SIGNATURE

TODAY'S DATE

PERSONAL INFORMATION

VITAL INFORMATION

Name: Last First Middle SSN

Home Address: Street City State Zip Code

Phone: # Date of Birth: (mm/dd/yy) Driver's License State Issued:

List Former Addresses, Cities, and States for the last 10 years

US Citizen Yes No Status of Residency: (Provide Documentation) Choose One

Marital Status: Choose One Number of Dependents: Ages:

EMPLOYMENT INFORMATION (Past TEN (10) Years)

Table with 7 columns: Company Name and Addresses, From, To, Position, Supervisor's Name, Salary, Reason for Leaving.

Service Station Experience (if not listed above)

In the past 5 years, have you been an officer, director, or partner in any business; or held a greater than 5% interest in any business? Yes No If yes, please explain in the comment section.

Were you ever suspended or discharged from any employment? Yes No (explain in comment section if yes)

Have you ever failed in any personal business venture? Yes No (explain in comment section if yes)

Have you ever filed for bankruptcy within the past seven (7) years? Yes No (explain in comment section if yes)

EDUCATION

Table with 5 columns: School and Location, From, To, Graduated, Course of Study.

List the names and locations of any additional education or training in comment section

CREDIT REFERENCE CREDIT BANK

Table with 4 columns: Name, Address, Account No., Account Type.

MILITARY SERVICE

Table with 6 columns: Branch, Years Service, Rank Attained, Type of Discharge, Reserve Status, Draft Status.

Is there any reason why you could not perform the necessary job functions to operate a retail petroleum convenience store outlet? Yes No (explain)

Have you ever had an application for bond rejected? Yes No (explain)

Are you now obligated as an endorser or guarantor for a loan to others? Yes No (explain)

Have you ever been convicted under any criminal law within the past 10 years? - (Exclude minor traffic violations) Yes No (explain)

Have you ever been imprisoned as a result of a criminal conviction? Yes No (explain)

Comment Section:

CONFIDENTIAL FINANCIAL INFORMATION

Name: _____ **Totals:** _____

ASSETS
(Property and Mortgage Information Must be Detailed Below)

1. Real Estate Market Value: (Property and Mortgage Information Must be Detailed Below)	\$
2. Real Estate Market Value: (Property and Mortgage Information Must be Detailed Below)	\$
3. Real Estate Market Value: (Property and Mortgage Information Must be Detailed Below)	\$
Cash on Hand	\$
Cash in Savings/Checking Accounts	\$
Current Market Value on Stocks and Bonds	\$
Cash Value of Insurance Policies	\$
Auto 1 (Estimated Value) Yr.: Make: Model:	\$
Auto 1 (Estimated Value) Yr.: Make: Model:	\$
Other Assets:	\$
Other Assets:	\$
Other Assets:	\$
Other Assets:	\$

TOTAL ASSETS	\$
---------------------	-----------

LIABILITIES

Property 1 Address:	Mortgage Balance: \$
Mortgager's Name and Address:	Purchase Price: \$
Account Number:	Monthly Payment: \$
Property 2 Address:	Mortgage Balance: \$
Mortgager's Name and Address:	Purchase Price: \$
Account Number:	Monthly Payment: \$
Property 3 Address:	Mortgage Balance: \$
Mortgager's Name and Address:	Purchase Price: \$
Account Number:	Monthly Payment: \$

OTHER LIABILITIES

	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL LIABILITIES	\$
--------------------------	-----------

NET WORTH – (TOTAL ASSETS LESS TOTAL LIABILITIES)	\$
--	-----------

Comment section:

MONTHLY INCOME AND EXPENSE RECAP

MONTHLY LIVING EXPENSES

Name:

Date:

Mortgage or Rent:		\$
Real Estate Taxes (if not included in mortgage payment)		\$
Note – Automobile		\$
Note – Other		\$
Credit Card – Account Name	#	\$
Credit Card – Account Name	#	\$
Automotive Expenses		\$
Medical Expenses		\$
Food		\$
Clothing		\$
Utilities		\$
Entertainment		\$
Savings		\$
Contribution (Charitable)		\$
Taxes – Federal, State, Local and Social Security		\$
Miscellaneous		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MONTHLY LIVING EXPENSES (A)		\$

MONTHLY INCOME

Other Income (Do not include expected income from service station or existing job)

Source:		\$
Source:		\$
Source:		\$
Source:		\$
TOTAL MONTHLY INCOME (B)		\$

PROFIT DEMAND

Subtract Monthly Income (B) from Monthly Living Expenses (A)

\$

Comment Section