

PETROLEUM MARKETING GROUP, INC.

SERVICE STATION DEALER APPLICATION



Please mail this completed form to: Petroleum Marketing Group, Inc.
Attention: Dealer Prospect Coordinator
2359 Research Court
Woodbridge, VA 22192

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)

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**

School and Location:	From:	To:	Graduated:	Course of Study:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

CREDIT REFERENCE CREDIT BANK

Name:	Address:	Account No.:	Account Type:

MILITARY SERVICE

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:

