###### CONFIDENTIAL

PETRON CORPORATION

Service Station Dealership Application Form



Name of Applicant:

Date of Application:

Location of Service Station

Applied For:

This form will help us become acquainted with your accomplishments and qualifications as a prospective dealer. Read each item carefully and answer accurately. Answer all questions completely. Be sure to write additional comments as requested.

**Personal Information**

Name (in full): Age:

Date of Birth: Birthplace: Ht. Wt.

Home Address:

Home Tel.: Fax:

Business Address:

Business Tel.: Fax:

TIN: SSS: Citizenship: Marital Status:

No. of Dependents: Name of Children Age

Name of Children below 21: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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Spouse’s Name

(Indicate address, if different from you)

***Educational Attainment:***

 Presently Employed?

 Primary HS Undergraduate College Undergraduate Yes

 Elementary HS Graduate College Graduate No

Highest level achieved: Degree:

Name of college and/or postgraduate school:

**Employment/Business Experience**

Present occupation: Position: Date employed:

Company: Address: Tel. No.:

Describe duties, responsibilities:

Previous employment/business experience. Begin with your most recent, (Use extra sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  |  | Ave. Mo. |
| From To | Company/Employer | Address | Earning |

Position with longest service: Company: No. of Years:

Type of work – describe briefly

Activities in previous work with very much experience-check as many as possible:

 Indoor work Clerical Mechanical

 Outdoor work Contact with person Auto repair

 Physical activity Selling Eqpt maintenance

 Standing, moving Supervision Housekeeping

Have you ever been self-employed? If so, explain.

If you have sales experience, indicate line or product sold.

Type of selling: Chief product sold: Did you contact customer in their home/office?

 Inside Yes

 Outside No

**Financial Information**

Do you own your home (partially or entirely paid for)?

At what age did you begin to support yourself? Please elaborate.

Have you any financial obligations such as loans, debts, or liabilities?

Exceeding a total of 500,000 (other than current bills or mortgage)?

***Source of Income***

Applicant’s Employer: Position: Salary PA:

Address of Employer How long connected?

Spouse’s Employer Position: Salary PA:

Will you resign if appointed dealer?

***Other Source of Income***

Business Name Est. Annual Income

Business Address

How long established? Is business still ongoing?

*Real Estate Property Owned by Applicant/Spouse, Valuation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OCT/TCT | Location | Area | Market Value | Mortgage if any |

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*Building & Other Improvements*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Location | Area | Market Value | Mortgage if any |

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*Valuable Personal property Owned by Applicant/Spouse*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Car/Truck Make | Model | Plate No. | Where Registered | Mortgage if any |

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*Shares of Stocks*

|  |  |  |  |
| --- | --- | --- | --- |
| Bonds | Par Value | Market Value | Maturity Date (if any) |

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*Liabilities*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Location | Area | Market Value | Mortgage if any |

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*Credit and Bank Reference*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Bank/Person | Length of Dealings | Kind of Dealings | Amount Deposited | Credit Extended |

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*Insurance of Applicant/Spouse*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Insured | Kind | Company | Amount | Maturity Date |

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| --- |
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**Assets** **Liabilities**

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Cash on Hand/In Banks : Accounts Payable :

Inventory (Goods) : Miscellaneous Accruals :

Accounts Receivable : Loans Payable :

Investments : Other Liabilities :

Fixed Assets:

Other Assets : Total Liabilities :

 Net Worth

TOTAL ASSETS : TOTAL LIABILITIES & NETW ORTH

ANNUAL AVERAGE FOR THE LAST THREE (3) YEARS ():

 Net Sales :

 Gross Income :

 Net Income :

**Other Information**

***Health***

Do you have any physical handicaps or special precautions and worries about health that would be shown by a medical examination? (For example: hearing, eyesight, foot ailments, rupture, allergies, lung or heart condition, stomach condition, headaches, arthritis, sinus, asthma, affected by fumes or cold.

 Yes No If yes, explain

Have you had any illness during the last five years that required the services of the physician?

 Yes No If yes, explain

***Social Activities***

List your sports and recreational activity: badminton, walking, dancing, sewing, vlogging

List all civic social, military, business organization or clubs where you are an active member:

How will your home condition influence your success in this type of business? (Consider your family friends, ambitions, home worries, finances and living requirements);

***Personal References***

List 3 persons who have known you for 5 years or more (not relatives or former employers):

 Name Address Business/Occupation

I hereby certify that the information furnished above are true and correct to the best of my knowledge.

 Signature of applicant