



For Office Use Only

Date Approved: _____

Interested In Store #: _____

Approved Terms: _____

DEALER APPLICATION

This completed Application will be used to help us establish your credit worthiness. Please pay careful attention to each item, question and answer truthfully with a complete response. Processing of this application can take up to 5 business days.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

| | | | | | | |
|-----------------------------|-------------------|---------------|------------------------------|---------------|-------------|------------|
| PERSONAL INFORMATION | FULL LEGAL NAME | | | EMAIL ADDRESS | | |
| | PHYSICAL ADDRESS | | | CITY | STATE | ZIP CODE |
| | MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| | CONTACT NAME | | | PHONE NUMBER | | FAX NUMBER |
| | SOCIAL SECURITY # | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | | CITIZEN OF: | |

| | | | | | | |
|---|-------------------|---------------|------------------------------|---------------|-------------|------------|
| PERSONAL INFORMATION (SPOUSE OR CO-BORROWER) | FULL LEGAL NAME | | | EMAIL ADDRESS | | |
| | PHYSICAL ADDRESS | | | CITY | STATE | ZIP CODE |
| | MAILING ADDRESS | | | CITY | STATE | ZIP CODE |
| | CONTACT NAME | | | PHONE NUMBER | | FAX NUMBER |
| | SOCIAL SECURITY # | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | | CITIZEN OF: | |

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|------------------------|--------------------------------------|------------------------|------------|-------------------|-------------------------|----------|
| BUSINESS ENTITY | <input type="checkbox"/> CORPORATION | NAME OF PARENT COMPANY | | | STORE PHONE NUMBER | |
| | | SITE ADDRESS | | CITY | STATE | ZIP CODE |
| | <input type="checkbox"/> PARTNERSHIP | STATE | OFFICER #1 | OFFICER #2 | OFFICER #3 | |
| | <input type="checkbox"/> LLC | FEDERAL TAX ID# | | YEARS IN BUSINESS | STORE FAX NUMBER | |
| | | DBA NAME | | | VENDOR'S LICENSE NUMBER | |

| | | | |
|-------------------------|-------------------------------|------------------------|---------------------------------|
| SITE INFORMATION | COUNTY OF STORE | TOWNSHIP | APPROXIMATE GALLONS/MONTH? |
| | APPROXIMATE DIESEL PER MONTH? | TYPE OF POS EQUIPMENT? | APPROX SIZE OF CANOPY? |
| | HOW MANY PRICES SIGNS? | HOW MANY DISPENSERS? | TYPE OF DISPENSER? |
| | IS STATION BRANDED? | WHAT BRAND? | ANY BP, MILES? W/IN 2 |
| | DO YOU OWN PROPERTY? | IF NO, OWNER NAME | WHEN DOES CURRENT LEASE EXPIRE? |

| PERSONAL REFERENCES (No family) | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE NUMBER</u> | <u>YEARS KNOWN</u> |
|---|-------------|----------------|---------------------|--------------------|
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|---|---------------------|-----------------|----------------------|---------------------|----------------|-------------------|
| BANK AND PROFESSIONAL REFERENCES | NAME OF BANK | | NAME OF BANK CONTACT | | ACCOUNT NUMBER | |
| | PHONE NUMBER | MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| | <u>COMPANY NAME</u> | <u>ADDRESS</u> | | <u>PHONE NUMBER</u> | | <u>FAX NUMBER</u> |
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|-------------------------------|-------------|----------------|-----------------------|-------------------|
| EDUCATIONAL BACKGROUND | <u>NAME</u> | <u>ADDRESS</u> | <u>YEARS ATTENDED</u> | <u>GRADUATED?</u> |
| | | | | |
| | | | | |
| | | | | |

Do You Own A Home? Yes ___ No ___ If yes, what is the Current Value? \$ _____ Mortgage Owed? \$ _____
 Total Assets \$ _____ Total Liabilities \$ _____ Net Worth \$ _____

If you live out of state, will you be relocating to the area? Yes ___ No ___
 Have you ever been convicted of a felony? Yes ___ No ___
 Have you ever been associated with any illegal organization? Yes ___ No ___
 Are you of legal age in your state/province or area of residence? Yes ___ No ___
 Have you ever filed bankruptcy? Yes ___ No ___

The information provided on this application by the applicant(s) and any other information provided, is warranted to be accurate, complete, and true and shall be the property of Rams. I authorize Rams to make investigations of my credit, character and ability, and give my permission for Rams to contact anyone, whether or not listed above, including former employers, references, or colleagues, in order to obtain personal information about me. I also certify that all the information in this application is true and complete.

Signature _____ Date _____

Printed Name _____ Title _____

Signature _____ Date _____

Printed Name _____ Title _____

PERSONAL GUARANTY

THE UNDERSIGNED, FOR CONSIDERATION DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS AND ENTITIES COMPLETING THIS AGREEMENT. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO THE CREDITOR'S CREDIT OFFICE BY CERTIFIED MAIL ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO THE REVOCATION.

Signature _____ Date _____

Printed Name _____ Title _____

Signature _____ Date _____

Printed Name _____ Title _____

Other Documents to be attached to this application:

- Copy of Driver's License
- Copy of Social Security Card

Items Needed Before First Delivery:

- Execution of a Seller/Reseller Contract & Addenda
- EFT Authorization
- Security Deposit