



[REDACTED]

CIF ACCOUNT #:

GAS STATION DEALER APPLICATION

PLEASE PRINT OR TYPE

COMPANY NAME: _____	DATE: _____
<u>NAMES OF INDIVIDUALS</u>	<u>CONTACT PHONE NUMBER(S)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(Please note that all applications are subject to credit approval. Individuals applying for credit hereby authorize Carroll Fuel or any agents thereof to obtain personal and or corporation credit histories and reports as deemed necessary by Carroll Fuel.)

Please provide the following information as to the type of business you are interested in. Check all that apply:

	YES	NO
GAS ONLY		
With CONVENIENCE STORE		
With SERVICE BAYS		
OTHER, PLEASE LIST		

Please provide a specific geographic area that you are interested in. (within MD, VA, DELAWARE)

<u>Existing Location</u>	<u>City/Township</u>	<u>Zip Code(s)</u>	<u>County</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you want a Branded Dealership?
If Yes, please indicate Brand Choice:

_____ YES _____ NO





Carroll Independent Fuel Company
 2700 Loch Raven Road, Baltimore, Maryland 21218
 410-235-1066 Fax: 410-235-8720

**Request for Verification of Deposit / Mortgage
Part I – Request**

DATE: _____

TO:

Bank or Financial Institution		

ATTN:		

Address		

City	State	Zip

FROM:

Name of Potential Dealer		

PO Box		

Address		

City	State	Zip

Dear Sir or Madam,

I have applied to become a franchise of Carroll Independent Fuel Company and stated in my financial applications that the balance on deposit/mortgage account with you is a shown below. You are authorized to verify this information and to supply Carroll Independent Fuel Company with the information requested in Part II.

Information to be verified:

TYPE OF ACCOUNT	NAME ON ACCOUNT	ACCOUNT #	BALANCE

Your response is solely a matter of courtesy for which no responsibility is attached to your or any of your officers.

Sincerely,

/

(Signature of Potential Dealer)

Date

Print name below:



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Part II – Request for Verification from Bank/Financial Institution

APPLICANT INFORMATION		
Name: _____		
Address: _____		
City: _____	State _____	Zip _____

TO BE COMPLETED BY BANK OR OTHER INSTITUTION

Deposit accounts of applicant:

Type of Account	Current Balance	Average Bal. For _____ Months	Date Opened

Mortgage or other loans outstanding of applicant:

Account #	Date of Loan	Original Amount	Current Balance	Secured By	Late Payments

Additional information, which may be of assistance in determination of credit worthiness:

Signature of Bank Officer

Title

Date

The confidentiality of the information you have furnished will be preserved except where disclosure is required by applicable law. The form is to be transmitted directly to Carroll Independent Fuel Company and is not to be transmitted through the applicant or any other party. Form(s) may be faxed directly to Carroll Fuel Marketing Department:

Facsimile Number: 410-235-8720 Attention Marketing Department



Carroll Independent Fuel Company
 2700 Loch Raven Road, Baltimore, Maryland 21218
 410-235-1066 Fax: 410-235-8720

DATE: _____

Bank or Financial Institution		

ATTN:		

Address		

City	State	Zip

Name of Potential Dealer/Applicant		

Account Number		

Address		

City	State	Zip

To Whom It May Concern:

I, _____, have applied for a line of credit with Carroll Independent Fuel Company in order to enter into a franchise relationship with said Corporation. In order to process my application, Carroll Independent Fuel Company requires the following information relative to the account I hold with your institution.

TYPE OF ACCOUNT	
DATE ACCOUNT WAS ESTABLISHED	
PERSONAL OR JOINT ACCOUNT	
TODAY'S DATE	
BALANCE AS OF TODAY'S DATE	
AVERAGE BALANCE FOR PAST TWELVE MONTHS	
ANY LIENS OR ENCUMBRANCES AGAINST THE ACCOUNT?	

If **YES**, Please list below:

PLEASE RETURN THIS INFORMATION AS QUICKLY AS POSSIBLE TO THE FOLLOWING ADDRESS:

Carroll Independent Fuel Company
Attn: Marketing Department
2700 Loch Raven Road
Baltimore, Maryland 21218

OR Fax the form to:
Carroll Independent Fuel Company
Attn: Marketing Department
Fax: 410-235-8720

By this document, I hereby give you my permission to release this information to Carroll Independent Fuel Company.

 Signature of Dealer/Applicant

 Date



Carroll Independent Fuel Company
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410-235-1066 Fax: 410-235-8720

DEALER CREDIT APPLICATION – CAPITAL INVESTMENT FORM

Money Available to Invest in a Branded Gasoline Station

APPLICANT INFORMATION
Name: _____
Address: _____
City: _____ State _____ Zip _____

Please Attach your Most Current 3 Months Statements from your Bank or Other Financial Institution(s).

How much money do you personally have to invest in the business? _____

Where & In what form is the capital you have to invest? _____

If necessary, how much additional capital can you raise? _____

How would that be raised? Give details including security offered and payback arrangements. (Please provide a copy of the Promissory Note.

What is your monthly personal draw requirement? \$ _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. UNLESS OTHERWISE INDICATED, CARROLL INDEPENDENT FUEL COMPANY IS AUTHORIZED TO MAKE ANY INQUIRIES DEEMED NECESSARY INCLUDING, BUT NOT LIMITED TO, CREDIT VERIFICATIONS.

Dealer Applicant's Signature

Date



Carroll Independent Fuel Company
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410-235-1066 Fax: 410-235-8720

BUSINESS / MARKETING GOALS

Please list your long-term business goals and strategies, along with Action Plans to support these goals:

Table with 10 rows for GOALS:

Table with 20 rows for ACTION PLAN:



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DEALER APPLICATION – PERSONAL CREDIT INFORMATION

NAME: _____ (First) (MI) Last	Soc. Sec. Number _____ - _____ - _____
ADDRESS: _____	Home Phone: _____
CITY: _____ ST _____ ZIP _____	Work Phone: _____
Do you own your home? YES / NO How long at this address? _____	Cell Phone: _____
If renting, do you have a lease? YES / NO Term of Lease: _____	Fax Number: _____
Landlord's Name: _____	Landlord's Phone: _____
Former Address: _____ _____	

DEPENDENTS:

Name	Relationship	Soc. Sec. Number

Have you or your spouse ever filed for Bankruptcy? No Yes If yes, give details on a separate sheet & attach.

FINANCIAL CONDITION AS OF: (month/year) _____

Assets:	
Automobiles, trucks (model/year)	
#1	
#2	
#3	
Savings Accounts (Domestic)	
Checking Accounts (Domestic)	
Stocks / Bonds (Domestic)	
Real Estate (Domestic)	
Other (Describe):	
Foreign Holdings (Describe):	
Liabilities:	
Mortgage	
Auto Loan(s)	
Personal Loan(s)	
Debts Outstanding	
Alimony/Child Support	
Other:	
Other:	
Other:	

Are any of the assets listed above pledged, or are you a co-signer on any outstanding obligations? ___ Yes ___ No
 If YES, please give details:



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DEALER APPLICATION - continued

DEALER BANKING INFORMATION Please attach 3 months (most current) bank & financial statements.

Name of Bank	Address	Account #	Type	Balance

REAL ESTATE INFORMATION (Check here if you own no real property)

	Property #1	Property #2	Property #3	Property #4
Property Address				
Mortgage Holder Name & Address				
Account Number				
Mortgage Amount				
Balance Remaining				
Terms/ Monthly Pymt				
If Rental Property Monthly Income				

EMPLOYMENT HISTORY (Last 5 Years)

Dates	Name of Employer	Position	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

RETAIL INDUSTRY EXPERIENCE

Dates	Name of Employer	Position	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

Do you now, or have you had financial interest in another business? If yes, please give complete the following:
 Name of business: _____ Dates involved: _____ to _____
 Address: _____ City _____ St _____ Zip _____
 Amount Invested: \$ _____
 Your involvement in the business: _____



FIRST YEAR PROJECTED NET PROFIT DISTRIBUTION / EVALUATION

Location:			
	Est Annual Sales Gallons	Est. Per Gal Margin	Est. Gross Margin
Unleaded	\$		\$
Mid-Grade			
Hi-Test			
Diesel			
Kerosene			
All Products	\$		

Service Station Gross Profit		\$	<input type="text"/>
Less Operating Expenses			
Rent	<input type="text"/>		
Phone	<input type="text"/>		
Utilities	<input type="text"/>		
Credit Card Fees	<input type="text"/>		
Repairs/Maintenance	<input type="text"/>		
Payroll (including P/R taxes)	<input type="text"/>		
Insurance	<input type="text"/>		
Required Draw (Personal)	<input type="text"/>		
Income Taxes	<input type="text"/>		
Loan Payback	<input type="text"/>		
Other	<input type="text"/>		
Total Expenses	\$		<input type="text"/>
Total Net Profit / Loss		\$	<input type="text"/>
Other Income (if applicable)			<input type="text"/>
Total Projected Income		\$	<input type="text"/>



NET PROFIT REQUIREMENTS

DEALER APPLICANT	DATE:	
INCOME TAX ESTIMATE		
Estimated Net Profit (a-b-c-d)		
Est. Personal Tax Rate %		
Estimated Income Tax (e)		\$
SUMMARY		
Required Draw (a)		
Income Tax Estimate (e)		
Loan Paybacks (b)		
Business Investments ©		
Other (d)		
TOTAL NET PROFIT REQUIRED		\$

1st YEAR PROJECTED SERVICE STATION OPERATING ANALYSIS

Dealer: _____

Station: _____

SSN _____

Period Covered _____

Prepared By: _____

INCOME	SALES	PROFIT	EXPENSES
Gas Volume: _____	\$	\$	Salaries/Wages \$
Gas Margin: _____			Bonus/Commissions
Mart/Snack Shop:			Payroll Taxes
Cigarettes	\$	\$	Benefits Expenses
Motor Oil			Insurance
Soda/Juices			Depreciation
Fountain			Operating Supplies
Snacks			Advertising
Other			Promotions/Premiums
Bays:			Uniforms
Tires/Batteries			Station Vehicle
Oil			Maintenance
Parts/Accessories			Taxes/Licenses
Labor			Outside Services
Other:			Interest
Car Wash			Chargebacks/Bad Debt
Citgo/Mobil Rebates			Equipment Rental
			POS Rental
			S/S Rental
			Losses not covered
			by Insurance
Sub-total (excluding gasoline)	\$	\$	Accounting Fees
			Credit Card Fees
			Telephone
			Utilities: Water
			Electric
TOTAL SALES/GROSS PROFIT	\$	\$	Gas/LP/Oil
			Trash/Snow Removal
			Cash <Over>/Short
			TOTAL OPERATING EXPENSES \$
			NET OPERATING PROFIT \$

QUARTERLY CASH FLOW ANALYSIS OF NET PROFIT:

	1ST	2ND	3RD	4TH
SALES:	\$	\$	\$	\$
GROSS PROFIT				
EXPENSES				
NET PROFIT	\$	\$	\$	\$
INITIAL OPERATING LOSSES TO BE COVERED W/CAPITAL INVESTMENT				\$

CAPITAL REQUIREMENTS

DEALER _____

STATION: _____

Required

Working Cash:

Checking Account	\$	
Initial Operating Loss	\$	
Total Cash		\$

Inventory:

Gasoline	\$	
Oil	\$	
Bays	\$	
Mart/Snack Shop	\$	
Total Inventory		\$

Pre-Paid Expenses :

Uniforms	\$	
Tools/Operating Supplies	\$	
Permits	\$	
Insurance	\$	
Rent	\$	
Signs/POP	\$	
Administrative fees	\$	
Training fees	\$	
Other	\$	
Total Pre-Paid Expenses		\$

Equipment:

Service Bays	\$	
Computer System	\$	
Electronic Cash Registers	\$	
Other	\$	
Total Equipment		\$

Deposits:

Gasoline	\$	
Rent/Maintenance	\$	
Sales/Tax	\$	
Utilities	\$	
Other	\$	
Total Deposits		\$

Other:

Conversion Value Fee	\$	
Purchase/Assignment Cost	\$	
Grand Opening Promotion	\$	
Total Other		\$

Total Capital Requirements \$

Amount Available: \$

Amount to be Financed: \$

NET PROFIT REQUIREMENT WORKSHEET
MONTHLY PROJECTION

DEALER: _____

STATION: _____

Monthly Expenses

	<u>Average Month</u>
Housing	\$
Electricity	\$
Telephone	\$
Heat	\$
Water	\$
Food	\$
Automobiles	\$
Medical	\$
Donations	\$
Laundry/Uniforms	\$
Entertainment	\$
Insurance	\$
Cleaning	\$
Loan Payments	\$
Personal Savings	\$
Credit Card Payments	\$
Misc. / Other	\$

Required Draw (a) \$

Business Loan Paybacks

Loan #1	\$
Loan #2	\$
Loan #3	\$

Total Loan Payments (b) \$

Business Investments

Planned Equipment Purchases	\$
Product Inventory Expansions	\$
Increase in Working Cash	\$
Additional A/R	\$
Other	\$

Total Business Investments (c) \$

Other Net Profit Requirements

Other #1	\$
Other #2	\$
Other #3	\$

Total Other Net Profit Requirements (d) \$

TOTAL NET PROFIT REQUIREMENTS (e) \$