

## Personal Data

Name (First, Middle, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Pager \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are you a US Citizen?  Yes  No If not, what Country? \_\_\_\_\_

## Personal References (Provide at Least Three)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Education

Name of High School \_\_\_\_\_ Years Completed \_\_\_\_\_

Name of College \_\_\_\_\_ Degree \_\_\_\_\_

Name of College \_\_\_\_\_ Degree \_\_\_\_\_

Describe any training in sales, management or retailing \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## Employment History For Last 10 Years

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? Yes No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? Yes No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? Yes No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business References (Provide at Least Three)

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

## Business Data

How did you learn about the On Site Lube affiliation program?

Please explain on an additional information sheet.

Do you now operate or have you had experience in the automotive industry?

Yes No

If yes, explain on an additional information sheet.

Do you intend to devote yourself full-time to the day-to-day operation of a On Site Lube business

..... Yes No

If not, provide explanation and details about your operating partner on an additional sheet.

Have you (and, if applicable, any parties, officers directors or shareholders) been subject to or convicted of any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations? .....

Yes No

If yes, explain on an additional information sheet.

Have you (and, if applicable, any partners, officers, directors or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in any partnership that was adjudged bankrupt or reorganized due to insolvency? .....

Yes No

If yes, explain on an additional information sheet.

Other Relevant Information? .....

Yes No

If yes, explain on an additional information sheet.

Will your investment come from

your own capital? .....

Yes No

Are you willing to relocate? .....

Yes No

Geographical Location Preference? .....

Yes No

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

What date do you plan to open your first On Site Lube Service?\_\_\_\_\_

\_\_\_\_\_

# Personal Financial Statement

## Assets

Cash on hand and in banks \$ \_\_\_\_\_

U.S. government securities \$ \_\_\_\_\_

Trade accounts and loans receivable \$ \_\_\_\_\_

Notes receivable – secured and unsecured \$ \_\_\_\_\_

Life insurance – cash surrender value \$ \_\_\_\_\_

Stocks and bonds – marketable and non-marketable \$ \_\_\_\_\_

Real estate \$ \_\_\_\_\_

Automobiles – market value \$ \_\_\_\_\_

Other assets, property or investments (itemize below)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL ASSETS \$ \_\_\_\_\_

## Annual Sources of Income

Salary \$ \_\_\_\_\_

Bonus and commissions \$ \_\_\_\_\_

Dividends and interest \$ \_\_\_\_\_

Real estate income \$ \_\_\_\_\_

Business profession income \$ \_\_\_\_\_

Other income (itemize below)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL ANNUAL INCOME \$ \_\_\_\_\_

## Liabilities

Notes payable to banks – secured and unsecured \$ \_\_\_\_\_

Notes, loans, advances, accounts payable to others \$ \_\_\_\_\_

Credit card debt \$ \_\_\_\_\_

Loans against life insurance \$ \_\_\_\_\_

Property taxes and assessments payable \$ \_\_\_\_\_

Mortgages payable on real estate \$ \_\_\_\_\_

Liens on real estate \$ \_\_\_\_\_

Federal and state taxes on current income \$ \_\_\_\_\_

Other debts (itemize below)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIABILITIES \$ \_\_\_\_\_

Personal Financial Statement

Net Worth

Total assets \$ \_\_\_\_\_

Less total liabilities \$ \_\_\_\_\_

Net worth \$ \_\_\_\_\_

Authorization for Release of Personal Information

Applications not signed cannot be processed

I hereby attest to the accuracy of the financial statements contained in this confidential On Site Lube Service application. I authorize On Site Lube Service or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background or character confirmations which it deems necessary or advisable.

In connection with these financial and background investigations, I authorize On Site Lube Service or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide On Site Lube Service or its agents any and all information concerning me, and I hereby release any such source and its agents and employees from all liability for providing this information.

I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original.

On Site Lube Service agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for an On Site Lube Service affiliation. I authorize \_\_\_\_\_ to release to prospective financing sources any information concerning me that may be requested by them.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

After completing the entire application, please mail it to:

On Site Lube Service

Attn: Director of Business Development

P.O. Box 54107

Tulsa, Oklahoma

Or fax it to: (918) 806-8938

HAVE QUESTIONS?

Call us at (918) 806-1380 or

E-mail us at [affiliate@onsitelube.com](mailto:affiliate@onsitelube.com)

We also encourage you to visit our website at [www.onsitelube.com](http://www.onsitelube.com)