



Sandri, Inc.

P.O. Box 1578, Greenfield, MA (800) 628-1900



LESSEE APPLICATION & General Information

Please complete the following application by truthfully providing **all** the information requested. All the information you provide will be held in strict confidence by Sandri, Inc. Completing this application does not obligate you or Sandri, Inc. in any way. Failure to complete the application or providing untruthful information will make the application invalid.

Location: _____

PERSONAL

| | | | | |
|-----------------------------------|-------|-------|---------------|--------|
| Name-Last | First | MI | Date of Birth | S.S. # |
| Spouse's Name-Last | First | MI | Date of Birth | S.S. # |
| Current Address - Number & Street | City | State | Zip | |

Previous Address - Number & Street _____

City, State, ZIP _____

| | | | |
|---|---|---|----------------|
| Telephone - Residence () | Telephone - Business () | Drivers License # | State of Issue |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EDUCATION

SCHOOL & LOCATION COURSE OR MAJOR

| SCHOOL & LOCATION | COURSE OR MAJOR | Did you graduate? Y / N If so, year of graduation _____ If not, last year completed _____ |
|----------------------|-----------------|---|
| High School | | |
| University / College | | |
| Other | | |

Describe any additional training in sales, management, or retailing you have had.

"I submit the following information as my complete and true personal financial condition as of the date shown below. I expressly authorize any past or present employer or any person who has personal knowledge of my character, work experience or criminal records to release this information to Sandri. I understand that Sandri is relying upon all the information within this application as a material factor in considering my application to become a lessee and therefore agree to promptly notify Sandri of any material change in any of the above information or any subsequent information provided to Sandri. In addition, I release all persons from liability as a result of true, accurate information. Authorization is given by me to have investigated any and all references and statements contained in this application form except as noted."

| | | |
|------------------------|---------------------|------|
| Signature of Applicant | Signature of Spouse | Date |
|------------------------|---------------------|------|

PRELIMINARY FINANCIAL INFORMATION

Total Income for Past 12 Months \$

STATEMENT OF NET WORTH

| ASSETS | | LIABILITIES | |
|---|-----------|------------------------------------|-----------|
| Amount in IRA, 401K, Retirement Accounts | \$ | Accounts, Notes & Loans Receivable | \$ |
| Cash in Bank (not including IRA, 401K, Retirement) | | Real Estate Mortgages Payable | |
| Securities/Bonds | | Other Debts or Obligations | |
| Accounts, Notes, & Loan Receivable | | | |
| Real Estate | | | |
| Other (Automobiles, Personal Property, Etc.) | | | |
| Total Assets | \$ | Total Liabilities | \$ |
| Total Net Worth (Total Assets - Total Liabilities) | | | \$ |
| Funds from Above Available to Lease a Sandri Facility | | | \$ |

IF ADDITIONAL FUNDS ARE REQUIRED, INDICATE SOURCE(S) AND AMOUNT(S) AVAILABLE

| Source | Institution | Amount |
|-----------------|-------------|--------|
| Second Mortgage | | \$ |
| Personal Loan | | \$ |
| Business Loan | | \$ |
| Other | | \$ |

*Notification Status of this Preliminary Franchise Application will be Provided within 10 working days after Receipt of this completed Application.

OCCUPATIONAL HISTORY

*Complete for past 7 years including periods engaged in independent business.

*If you currently own/operate service station(s) or convenience store(s), complete this section and the Petroleum Industry Experience section below.

| | | | | |
|---|--------------------|------------------------|---|--------------------|
| 1 | From | Company Name & Address | Phone # | Monthly Income |
| | To | | Last Position | |
| | Name of Supervisor | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving |
| 2 | From | Company Name & Address | Phone # | Monthly Income |
| | To | | Last Position | |
| | Name of Supervisor | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving |
| 3 | From | Company Name & Address | Phone # | Monthly Income |
| | To | | Last Position | |
| | Name of Supervisor | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for Leaving |

PETROLEUM INDUSTRY EXPERIENCE - SUN OR COMPETITOR (TO BE COMPLETED IN ADDITION TO THE ABOVE)

| Currently Involved | Own | Operate | Brand | Address | Number of Years | Monthly Vol. (gals.) |
|--------------------|-----|---------|-------|---------|-----------------|----------------------|
| | | | | | | |
| | | | | | | |