

**J.W. Sandri, Inc.**  
**Lessee Application**  
[www.sandri.com](http://www.sandri.com)

Please complete the following application by truthfully providing all of the information requested. All of the information you provide will be held in strict confidence by J.W. Sandri, Inc. Completing this application does not obligate you or J.W. Sandri, Inc. in any way. Failure to complete this application or providing untruthful information will make the application invalid. The information contained in this application is confidential and should only be shared with the Sandri Credit Department.

Type of Facility Interested In: (If more than one, indicate 1<sup>st</sup> and 2<sup>nd</sup> choice)  
 Convenience Store    Traditional Bay Station    Other

Are you applying for a specific location?    Yes    No

Location Desired: \_\_\_\_\_

Applying For:    Corporation (Each partner must provide separate application)

Corporation Name: \_\_\_\_\_    Federal tax Payer I.D. No. \_\_\_\_\_

PERSONAL					
Name- Last	First	MI	Date of Birth	Social Security #	
Spouse's Name- Last	First	MI	Date of Birth	Social Security #	
Current Address		City		State	Zip
Previous Address		City		State	Zip
Telephone- Home		Telephone- Business		Driver's License #	State of Issue
Have you ever been convicted of a felony?    Yes    No	Have you ever filed for bankruptcy?    Yes    No	U.S. Citizen?    Yes    No	If no, is your status such that you can lawfully own a business & work in the U.S.?    Yes    No		

EDUCATION					
	Name and Address of School	Course or Major	Dates Attended	Graduated	Degrees Received
High School				Yes    No	
				Yes    No	
University/College				Yes    No	
				Yes    No	
Other				Yes    No	
				Yes    No	

ADDITIONAL TRAINING IN SALES, MANAGEMENT, OR RETAILING					

OCCUPATIONAL HISTORY (past 7 years including periods engaged in independent business)					
<b>1</b>	From	To	Company Name and Address		
	Phone #	Monthly Income	Name of Supervisor	May we contact?    Yes    No	
	Last Position:		Reason for Leaving:		

<b>2</b>	From	To	Company Name and Address	
	Phone #	Monthly Income	Name of Supervisor	May we contact? Yes      No
	Last Position:		Reason for Leaving:	
<b>3</b>	From	To	Company Name and Address	
	Phone #	Monthly Income	Name of Supervisor	May we contact? Yes      No
	Last Position:		Reason for Leaving:	

Petroleum Industry Experience- Sun or Competitor (Fill out if currently own operate service station(s) or convenience store(s) in addition to above)

Currently Involved	Own	Operate	Brand	Address	Number of Years	Monthly Vol. (gallons)

**PRELIMINARY FINANCIAL INFORMATION**

Total income for the past 12 months      \$ \_\_\_\_\_

**STATEMENT OF NET WORTH**

<b>ASSETS</b>		<b>LIABILITIES</b>	
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, & Loans Receivable			
Real Estate			
Other (Automobiles, Personal Property, Etc.)			
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$
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		\$

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 J.W. Sandri, Inc. I understand that J.W. Sandri, Inc. is relying upon all of the information within this application as a material factor in considering my application to become a lessee and therefore agree to promptly notify J.W. Sandri, Inc. of any material change in any of the above information or any subsequent information provided to J.W. Sandri, Inc. 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 Co-Applicant

\_\_\_\_\_  
Date