

**BPWCP Franchise Application**  
**Individual Shareholders Application**





### BPWCP FRANCHISE APPLICATION

Check application box	<input type="checkbox"/> am/pm + Gas	<input type="checkbox"/> am/pm Food Only	<input type="checkbox"/> Other	Facility No.
	<input type="checkbox"/> SmogPros Licensee + Gas			

**FACILITY INFORMATION (To be completed by BPWCP)**

Facility address (Street Address and intersection, City, State Zip Code)
Current Operator Name

**PERSONAL PROFILE**

Applicant's Full Name		Applicant's Social Security No.	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	U.S. Citizens? Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Permanent Resident Alien: Alien No. for Applicant: _____ Alien No. for Spouse: _____ <input type="checkbox"/> I551P + Passport # (Attach copies)	
Applicant's Date of Birth _____ <small>day/month/year</small>			
Spouse's Date of Birth _____ <small>day/month/year</small>			
Residence Street Address:	City:	State: _____	
		Zip Code: _____	
Home Phone: (    ) (    )	Work Phone: (    ) (    )		
Spouse's Full Name:		Spouse's Social Security No.	
Applicant Currently Employed by (Co. & Address):	Applicant's Occupation:	How long with Employer?	
		_____ Years    _____ Months	

**PERSONAL & BUSINESS INFORMATION**

1. Will anyone other than yourself have an investment in this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been an ARCO dealer or franchisee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are the assets listed in this application Community Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you own any other business? If YES, complete remaining items on this page. If NO, leave remaining items blank and complete pages 2 and 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the business an endorser, guarantor or co-maker for obligations not listed on its financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the business ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above questions, please describe, including the date(s) for any bankruptcies—attach additional page if needed.	

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GENERAL INFORMATION	
1. Have you ever filed for bankruptcy? If yes, include year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any assets held in Trust? If yes, please include a copy of the Trust Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a co-signer or guarantor of any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you plan to continue your current employment after purchasing this BPWCP franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If YES to any question, please describe: _____	

PERSONAL FINANCIAL STATEMENT <i>All personal assets and liabilities must be show (Do not include any corporate or llc assets on this application)</i>			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank Accounts		Total Revolving Credit (balances owed on credit cards or credit lines) <b>Monthly Payment(s) \$</b>	
Stock/Bonds/Mutual Funds (include copies of broker's statement(s))		Total Installment Loans (auto/personal or other monthly payment loans) <b>Monthly Payment(s) \$</b>	
Retirement Accounts (IRA, SEP, KEOGH, 401-K)		1 <sup>st</sup> Mortgage on Residence <b>Monthly Payment(s) \$</b>	
Residence – Estimated Market Value		Other Mortgage(s) on Residence (include loan(s) or equity line(s) of credit) <b>Monthly Payment(s) \$</b>	
Total: Other Real Estate – Estimated Market Value		Mortgage(s) on other Real Estate (total from Schedule on Page 3) <b>Monthly Payment(s) \$</b>	
Vehicles (List & Describe on separate sheet if space is not adequate.)		Other liabilities (List & Describe on separate sheet if space is not adequate) <b>Monthly Payment(s) \$</b>	
Other Assets (List & Describe on separate sheet if space is not adequate.)			
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES)</b>	
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

PERSONAL BANK ACCOUNTS (Attach statements for 3 most current and consecutive months.)			
Name of Financial Institution	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Line	Current Balance \$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Line	Current Balance \$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Line	Current Balance \$

**NOTE: Attach additional sheets if space is not adequate.**

## BPWCP FRANCHISE APPLICATION

**REAL ESTATE HOLDINGS: check (X) all that are applicable. (Attach separate schedule for additional properties.)**

PROPERTY TYPE: (SF = SINGLE FAMILY)	RESIDENCE <input type="checkbox"/> SF <input type="checkbox"/> Duplex	<input type="checkbox"/> VACATION <input type="checkbox"/> RENTAL <input type="checkbox"/> SF <input type="checkbox"/> Duplex <input type="checkbox"/> SF <input type="checkbox"/> Duplex	<input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> LAND/ACREAGE
Percentage of Ownership			
<b>Property Address:</b> Street, City, State, Zip Code			
Estimated Market Value			
Balance: Mortgage/Liens  (include loans or equity lines of credit)			

**COMPANY INFORMATION – Entity to own this BPWCP franchise**  
(Attach appropriate copy of Partnership Agreement, Articles of Incorporation, and Corporate Resolution.)

Legal Name – Do not use “ARCO, BPWCP, am/pm, SmogPros” (under which tax returns are/will be filed)	Business Phone (      )	Federal Tax ID
DBA, if different from above Legal Name	Date Business Established (mm/yy)	Current Owner(s) Since (mm/yy)
Location Address: Street	City                                  State    Zip	Type of Ownership Proposed: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Corp.)
Mailing Address: (if different from residence) Street	City	State                                  Zip

**OWNERSHIP INFORMATION (List Each owner of your business to have an ownership interest in this franchise.)**

Name	% of Ownership	Title
Name	% of Ownership	Title
Name	% of Ownership	Title
Name	% of Ownership	Title

**FINANCING (Attach a copy of the escrow instructions.)**

How do you intend to finance this business acquisition?  
 Cash \_\_\_\_\_ %     Bank or SBA Loan \_\_\_\_\_ %     Other \_\_\_\_\_ %  
 “Other” explanation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION AND SIGNATURES: Please review for completeness, then sign and date below.**

The signer(s) certifies that the information furnished in the application, attached statements and supporting schedules, prepared by or for the undersigned, are complete and true statements of the financial condition of the undersigned and disclosed business on the date indicated. The signer(s) authorizes BPWCP to obtain customer and/or business reports. You may also furnish information on my accounts to others seeking such information. I understand BPWCP is relying upon this information in considering my application and BPWCP may terminate the franchise if there are any misrepresentations or material omissions on this application. I will advise BPWCP **promptly** of any material changes in my or our financial condition. I also understand additional information may be required to process this application.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant’s Signature                                  Date                                  Spouse or Spouse Applicant’s Signature                                  Date

## BPWCP FRANCHISE APPLICATION

### CASH REQUIREMENTS (To be completed by BPWCP.)

CASH NEEDED:	CASH AVAILABLE:
Total purchase price of this franchise: (includes equipment & store inventory)     \$ _____	Balance of:
Working Capital: (am/pm = \$30,000)     _____	Account #1     \$ _____
(Gas only = \$15,000)     _____	Account #2     _____
Estimated Gas in Ground <u>\$18,000</u>	Account #3     _____
<b>Subtotal</b> (     )	Account #4     _____
<b>Less:</b> Amount to be Financed     _____	Escrow Deposit     _____
<i>Balance to be Paid in Cash</i> _____	(if deposit made prior to date of last month's bank statement)
<b>Add:</b>	<b>Total Cash Available</b> \$ _____
BPWCP Deposits*     _____	Note: If "Minimum Cash Needed" exceeds "Total Cash Available", funds are insufficient.
<b>Minimum Cash Needed</b> \$ _____	
* Deposits include security and product advances.	