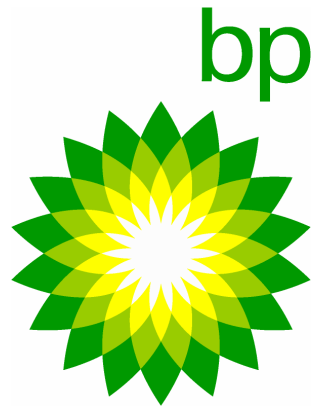
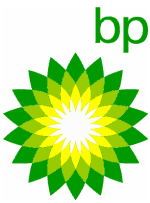


**BP Products North America, Inc.**  
**Franchise Application**  
**Individual**





**BP Products North America, Inc.**  
**FRANCHISE APPLICATION**  
**(Individual)**

Check application box <input type="checkbox"/> am/pm & gas	Facility No.
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**FACILITY INFORMATION (To be Completed by BP)**

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.	

## FRANCHISE APPLICATION

### 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 *All assets and liabilities, personal and business must be shown.*

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.**



## 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 Mini Market & Gas Inventory) _____	Account #1                             \$ _____
Other Working Capital                             \$ _____	Account #2                             _____
<b>Subtotal</b> (                     ) _____	Account #3                             _____
<b>Less:</b> Amount to be Financed                     _____	Account #4                             _____
<i>Balance to be Paid in Cash</i> _____	Escrow Deposit                             _____
<b>Add:</b>	(if deposit made prior to date of last month's bank statement)
BPWCP Deposits*                                     _____	<b>Total Cash Available</b> \$ _____
<b>Minimum Cash Needed</b> \$ _____	Note: If "Minimum Cash Needed" exceeds "Total Cash Available", funds are insufficient.
* Deposits include security and product advances.	