

## DEALER APPLICATION

Check the box that applies below:

**Dealer Principal**

**Partner**

**General Manager**

***FranTech International Licensing, Inc.***  
*2299 East Main Street, Suite 11*  
*Ventura, California 93001 USA*  
*(805) 653-5264 Fax (805) 643-4386*

## DEALER APPLICATION

**FranTech International Licensing, Inc.**  
**2299 East Main Street, Suite 11**  
**Ventura, California 93001 USA**  
**(805) 653-5264 FAX (805) 643-4386**  
**www.FranTechInternationalLicensing.com**

Date: \_\_\_\_\_

The following information is submitted in support of this application for an AANH Dealer Sales Agreement. I understand that your receipt of this submission does not constitute acceptance or approval of the applicant.

Name is Full: First, Middle, Last

Home Address: Street, City, State, Zip Code

Home Telephone Number

Business Name and Address, Street, City, State, Zip Code

Email Address

Present Occupation

Business Telephone Number

Business Fax Number

### Current and Previous Business Experience

Do you own, operate, or have a financial interest in or have you previously owned, operated, or had a financial interest in any automobile dealership?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please complete the information requested below on all franchises in which you have an ownership.

Name of Dealership	Name of Makes Handled	Financial Interest	Period		City, County, State	Reason for Terminating
			To	From		
1.		%				
2.		%				
3.		%				
4.		%				
5.		%				
6.		%				
7.		%				
8.		%				
9.		%				
10.		%				

Add an extra page if necessary.

## DEALER APPLICATION

Define in chronological order the positions or businesses in which you have participated, 10 years minimum, most recent first.

1. Name of Company	Address: City, State, Zip Code	
Type of Business	If Automotive: Retail: _____ Wholesale: _____ Manufacturing: _____	
Period From _____ To _____	Last Position	Annual Salary
Immediate Supervisor	Telephone Number	Reason for Leaving
2. Name of Company	Address: City, State, Zip Code	
Type of Business	If Automotive: Retail: _____ Wholesale: _____ Manufacturing: _____	
Period From _____ To _____	Last Position	Annual Salary
Immediate Supervisor	Telephone Number	Reason for Leaving
3. Name of Company	Address: City, State, Zip Code	
Type of Business	If Automotive: Retail: _____ Wholesale: _____ Manufacturing: _____	
Period From _____ To _____	Last Position	Annual Salary
Immediate Supervisor	Telephone Number	Reason for Leaving

---

### PERSONAL DATA

Marital Status Married _____ Single _____	Birthplace	Date of Birth
Number of Dependent Children	Number of Other Dependents	Social Security Number
Condition of Health	Date of Last Medical Examination	Medical Conditions

### Education

Type of School	Name and Location of School	Dates Attended		Graduated		Degree
		To	From	Yes	No	
High School						
College or University						
Business or Trade School						
Other Training						

Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your bond ever been withdrawn or application rejected? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any lawsuits pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an endorser or a guarantor on any bills, notes, mortgages, bonds, liens, liabilities etc. of others? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for a business or occupational license and been refused? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a business or occupational licenses revoked, suspended, or subject to other disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain affirmative answers to the foregoing questions in detail, attach additional pages is necessary.

**DEALER APPLICATION**

**Bank References**

Bank/Finance Company	Principal Contact – Name & Title	City, State	Telephone Number	Years of Banking Relationship

Personal References, Do not list present or previous employers, employees or relatives

1. Name in Full	Address: Street, City, State, Zip Code		
Occupation	Telephone Number	Number of Years Known	
2. Name in Full	Address: Street, City, State, Zip Code		
Occupation	Telephone Number	Number of Years Known	
3. Name in Full	Address: Street, City, State, Zip Code		

**CURRENT DEALERSHIP INFORMATION**

If you are currently in a business as an automobile dealer, please complete this section for each of your dealerships, use additional sheets if necessary.  
List sales for each make separately

Name of Dealership	Makes	Retail New Unit Sales			Retail Used Unit Sales		
		Current YTD	Previous YTD	2 Years Prior	Current YTD	Previous YTD	2 Years Prior

**CUSTOMER SATISFACTION INDEX**

Name of Dealership	Dealer Average		Zone/Region Average		National Average	
	Sales	Service	Sales	Service	Sales	Service

**PROPOSED DEALERSHIP LOCATION**

Indicate location of interest for AANH dealership.

City/State	General Location Within City	Country	Population

**DEALER APPLICATION**

Briefly describe your automobile experience in management, new and used automobile sales, parts and service, and why you believe you are qualified to own and operate a dealership.

---

---

Briefly describe your plans for the proposed AANH dealership.

---

---

How much money are you prepared to invest in the proposed dealership? \_\_\_\_\_

If your investment requires liquidation of certain assets listed on your attached Personal Financial Statement, which assets would be used, how are they to be liquidated, and when would the proceeds be available?

---

---

For purposes of securing credit and other considerations, the undersigned furnishes the above information and financial Statements which truly set forth the applicant's financial condition on \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

---

---

## DEALER APPLICATION

The undersigned acknowledges and agrees:

1. The sending of this application form to applicant or the retention of a completed form by FTIL does not in any way imply FTIL consent to the transfer to applicant of any interest in any existing FTIL dealership.
2. This application does not in any way obligate FTIL to enter into a Dealer Sales and Service Agreement with me / us. This application may be accepted or rejected by FTIL after review.
3. Any investments of any kind of real estate, leases, or otherwise made by me/ us in the expectation of the acceptance of this application are made exclusively on my / our own responsibility and do not obligate FTIL, in any way.
4. No one other than the President or Vice President of FTIL has the authority to approve the undersigned's application for a FTIL Dealer Sales and Service Agreement. Final approval will be upon the written execution of the Dealer Sales and Service Agreement executed by any one of the above-names officers.
5. Any material misrepresentation, whether intentional or unintentional, in the information supplied by the applicant in this form shall be grounds upon which FTIL may immediately terminate any Dealer Sales and Service Agreement executed by the undersigned and FTIL.
6. FTIL is authorized to conduct such investigations, as it may consider necessary in to my background, including without limitations, dealer management qualifications, credit history, general reputation and character. I agree to indemnify and hold FTIL, its subsidiaries, affiliates, officers and employees harmless against any and all liability, loss, damages and costs or expenses, including legal fees and other costs of defense, which it or they may hereafter incur in connection with any claim, action or legal proceeding based in whole or in part on such investigation. I also authorize my former employers and any other persons or organizations to provide any information they have about my background, and I release all concerned from any liability in connection herewith.
7. FTIL has made no representations or statements to me / us directly or indirectly, which induced me to execute this application to invest or expend any funds in anticipation of my / our appointment as a FTIL dealer. Furthermore FTIL has not made any representations or statements to me / us either directly or indirectly, which in any way indicate the action which AANH will take on this application.
8. I have had the opportunity to consult counsel before completing this application and have either done so or knowingly waived that right.

I certify that the statements contained herein are true. I understand that false or incomplete statements herein or in any resume or material I have supplied are grounds for denial of my / our application or termination of any Dealer Sales and Service Agreement executed with me / us. I will immediately report to FTIL any material change in the foregoing information or financial data. If a Dealer Sales and Service Agreement is offered, I understand that I may be required to be physically examined and that the execution of such a Dealer Sales and Service Agreement by FTIL may be dependent upon the successfully passing that examination.

Additionally, you must provide current and complete Personal and Dealership Financial Statements, including all department expense and fixed operation analysis, in order to be considered.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Witness: \_\_\_\_\_