# Dollar Thrifty Automotive Group, Inc.







### FRANCHISE APPLICATION



#### Have you:

- · Completed each page?
- Included co-owner's application?
- Signed and dated in each of the three areas?

Please complete this application and forward the original to the address on the back.

#### FRANCHISE APPLICATION

		PER	SONAL			
NAME (FIRST, MIDDLE INITIAL, LAST)		НОМ	E ADDRESS (	(No P.O. Box)		
CITY, STATE, COUNTRY, ZIP		HOME PH	IONE NUMBI	ER	CELL PHO	ONE NUMBER
E-MAIL ADDRESS		FAX	NUMBER		1 \ /	
BIRTH DATE SI	OCIAL SECURITY N	NUMBER DR	VIVER'S LICEN	SE NUMBER OR OT	THER APPLICABLE	IDENTIFICATION NUMBER
	-	<b>PROFESSIONA</b>	L BACKG	ROUND		
CURRENT OCCUPATION/TITLE			LEN	NGTH OF EMPLOYM		ELF EMPLOYED ES NO
NAME OF COMPANY			BU	SINESS PHONE NUI	MBER	
ADDRESS			•			
CITY, STATE, COUNTRY, ZIP						
GIVE A BRIEF REVIEW OF LAST 5 YEAR:	S OF EMPLOYMEN	IT OR ATTACH RES	UME			
Do you now own, or have you ever ow	ned, an interest in	a vehicle rental, ve	hicle leasing,	vehicle parking or v	ehicle sales busin	ess?
YES NO If YES, ple	ease explain in deta	ail				
PERSONAL	REFERENCES	S		PROFESSION	IAL REFEREN	CES
NAME	PHONE I	NUMBER		NAME	PH	ONE NUMBER
	( )				( )	
	( )	FINANCIAL	DEFEREN	1050	()	
NAME OF INSTITUTION		FINANCIAL	KEFEKEN	ICE9		
CONTACT/TITLE			Ph	HONE NUMBER		
NAME OF INSTITUTION				)		
CONTACT/TITLE			Ph	HONE NUMBER		
OFOOD ADJUGAL TO	DE ADEA(C)	OF INTERPO	(	)	DRAVIE	
GEOGRAPHICAL TRA				DOLLAD	BRAND	TUDIETY CAR CALEC
CITY	STATE	COUNT	IXI	DOLLAR	THRIFTY	THRIFTY CAR SALES

#### PERSONAL FINANCIAL STATEMENT (PAGE 1)

ASSETS	
Cash on hand and in banks (attach statement)	\$
Govt. securities - (see Schedule A)	\$
Listed securities - (see Schedule A)	\$
Unlisted securities - (see Schedule A)	\$
Loans receivable	\$
Real estate mortgages receivable - Secured by Real estate mortgages, Deeds of Trust - (see Schedule B)	\$
Real estate owned - (see Schedule C)	\$
Automobiles and other personal property	\$
Cash value - life insurance - (see Schedule I	D)\$
Other assets - itemize	\$
TOTAL ASSETS	\$
ASSETS	
Salary	\$
Bonus & commissions	\$
Dividends	\$
Real estate income	\$
Other income - itemize	\$
TOTAL	\$
CONTINGENT LIABILITIES	
As endorser, co-maker or guarantor	\$
Other special debt	\$
On leases or contracts	\$
Legal claims	\$
Amount of contested income tax liens	\$

#### PLEASE TYPE OR PRINT

CONTINGENT LIABILITIES	
Notes payable to banks (secured)	\$
Notes payable to banks (unsecured)	\$
Notes payable to others (secured)	\$
Notes payable to others (unsecured)	\$
Accounts and bills due	\$
Jnpaid income tax	\$
Other unpaid taxes & interest	\$
Real estate mortgages payable (See Schedule C	) \$
Chattel mortgages & other liens payable	\$
Others debts - itemize	\$
TOTAL LIABILITIES	\$
NET WORTH	\$
TOTAL LIABILITIES & NET WORTH	\$
PERSONAL INFORMATION	
Are any assets pledged or encumbered by a lien, risee Schedule E)	
Are you an owner, a guarantor, member, partner o	
Are you a defendant in any suits or legal actions?  Yes No If yes, explain:	
Have you during the 15-year period immediately p been adjudged a debtor in bankruptcy or reorgani; nsolvency?	
Yes No If yes, explain:	

I IIIOONAI IIIAANOIAI (	(1710L Z)					TLL/IJL TITL (	OK I KIIVI					
SCHEDULE A	<ul><li>U.S. Government .</li><li>List and Attach Bro</li></ul>	Stock and Bond <b>kerage Statem</b>	ls, Listed and Ur nents, contact n	nlisted Securi name and ph	ties Owned							
No. of Shares or Face Value (bonds)	Descripti	Description				Market Value						
SCHEDULE B	<ul><li>Real Estate Mortge</li><li>Please provide sup</li></ul>	age Receivable <b>porting backup</b>	secured by Rea ofor determina	l Estate Mort I <b>tion of mar</b>	igages, Deeds of Tru <b>ket values (Indepe</b>	ıst <b>ndent apprais</b> c	al or real estate letter)					
Description of Property Covered	Date Acquired		Title in Name of		Amount		Maturity					
SCHEDULE C	— Real Estate Owner	d <b>portina backup</b>	o for determina	ition of mar	ket values (Indepe	ndent appraise	al or real estate letter)					
Description of Property and Improvements	Date Acquired	Title Nam	e in	Cost		Mortgag Amoun	e Mortgage					
SCHEDULE D	- Life Insurance incl  Must include cash s	uding N.S.L.I. an	nd Group Insura e statement if	nce equal to or	greater than \$5,00	0.00						
Amount	Name	of Company		Beneficiar	y Cash Surrenc Value	ler	Loans					
SCHEDULE E	— Assets Pledged or <b>Please include acco</b>	Encumbered by ount numbers, o	y Lien or Securit <b>contact person</b>	y Interest <b>and phone.</b>								
Description		Va	ılue		To Wh	nom Pledged						
PAST OR PRESENT	FINANCE SOURC	ES										
Source	Loan Office		Active Since	High Credit	Outstanding Balance	Interest Rate (%)	Guarantor					
By signing below, I do the following: I w	varrant that all of the informati	on submitted in co	onnection with thi	s financial state	ement, including all per	sonal and busine	ss financial statements submi					

By signing below, I do the following: I warrant that all of the information submitted in connection with this financial statement, including all personal and business financial statements submitted to you, are true and accurate as of the date below. I agree to notify Dollar Thrifty Automotive Group, Inc. (DTG) of any material change in my personal, business or financial status while this credit review is pending. I consent to and acknowledge that DTG and its affiliates may obtain information, including credit reports and background information relating to my personal and business records from third parties and that DTG and its affiliates may exchange any information obtained from third parties or provided by me among themselves and with third parties, including but not limited to my credit, tax, litigation, property, business, criminal and driving records.

SIGNATURE DATE SIGNED

## BUSINESS FINANCIAL STATEMENT

You must complete this Business Financial Statement and attach a copy of your most current Income Statement and Balance Sheet along with a copy of your year end Profit and Loss Statement and Balance Sheet.

JIAILMLM 4M DO	nance sheet along with	in a copy or you	ii yeui	cha riont ana	LOSS Statement and	bulunce sheet.						
STATEMENT OF		FINANCIA	ICIAL STATEMENT AS OF									
STREET ADDRESS		CITY AND	D STAT	E								
	PLEASE ANSW	VER ALL QUES	STIO	NS AND FILL I	N ALL BLANKS							
Cash in Banks	\$		Accou	nts Payable	\$							
Cash on hand	\$		Notes	Payable on Mer	\$							
Accounts Receivable	\$			Notes Payable	\$							
Notes Receivable	\$		Borrov	ved from Banks	Secured	\$						
Accounts and Notes Receivable from			Borrov	ved from Banks	Unsecured	\$						
Officers, Partners, and Employees	\$		Borrov	ved from Others	(Whom?)							
Merchandise	\$			e Taxes: Due on ed on Current Ye	last Year's Profits	\$						
Receivables Secured by Real Estate	\$		Others	Liabilities or Acc	cruals							
Receivables Secured by Mortgages	\$		Mortg	ages on Real Est	ate (Describe Below	<i>i</i> ) \$						
Receivables Secured by Deeds or Trusts	\$											
Machinery, Tools, Furniture and Fixtures Notes and Accts. Receivable from Affiliated Cos.	\$	-										
Other Assets (Describe)	\$ \$		Other Mortgage, Liens, Security Interest or Encumbrances. (Describe Below) \$									
				AL LIABILITI IERS EQUIT		\$\$\$\$\$						
TOTAL ASSETS				AL LIABILITI IERS EQUIT agree with Total		\$						
If any of the above have been pledged, g	ive details:		If inco	rporated or licen	sed, in what Countr	y or State?						
Description		Whom	When formed?  Authorized Capital?									
		-										
			Subscribed Capital?									
			Paid in Cash?									
			Paid Otherwise?									
			How F									
Description and Location of Real Estate Listed in Financial Statement	Title Held in name of	Cost Plus improvemen	Т	Present Market Value	Amount of Mortgages	How Payable						
<u> </u>		1	$\top$									
			$\neg \uparrow$									

CREDIT	INFORMATION									
PERSONAL  Please attach a copy of your current personal monthly checking and savings account statements.	BUSINESS  Please attach a copy of your current business monthly checking and savings account statements.									
NAME OF BANK OR FINANCIAL INSTITUTION	NAME OF BANK OR FINANCIAL INSTITUTION									
CONTACT PERSON PHONE NUMBER ( )	CONTACT PERSON PHONE NUMBER ( )									
ADDRESS	ADDRESS									
CITY, STATE, COUNTRY, ZIP	CITY, STATE, COUNTRY, ZIP									
CHECKING ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER									
SAVINGS ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER									
BUSINESS EN	ITITY INFORMATION									
PLEASE INDICATE ONE OF THE FOLLOWING:  Existing entity  New entity to be formed	If this is an existing business, will the business be guarantying the debt in addition to personal guarantees?  Yes No									
PLEASE INDICATE ONE OF THE FOLLOWING:  Sole Proprietorship Partnership Limited Partner	ership									
NAME OF BUSINESS ENTITY:										
Amount of initial working capital available \$	Personal OR Existing business assets									
STATE OR COUNTRY OF FORMATION:										
PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY:										
NAME OF OWNER(S), PARTNER(S) OR MEMBER(S) *Individual partners m	ust submit an individual application.  PERCENTAGE OF OWNERSHIP									
1)	·									
2)										
3)										
4)										
CREDIT LINES CONTACT/T	ITLE/PHONE NUMBER AMOUNT									
1) Bank/Finance Company	\$									
2) Bank/Finance Company	\$									
3) Bank/Finance Company	\$									
financial statements submitted to you, are true and accurate as of the date change in my personal, business or financial status while this Application is sell a franchise or to provide financing, and that this information is being professional and financial qualifications. I consent to and acknowledge that background information relating to my personal and business records from	omitted in connection with this Application, including all personal and business below. I agree to notify Dollar Thrifty Automotive Group, Inc. (DTG) of any material bending. I understand that this Application does not constitute an offer by DTG to boulded to DTG and its affiliates solely for the purpose of evaluating my personal, DTG and its affiliates may obtain information, including credit reports and third parties and that DTG and its affiliates may exchange any information obtained es, including but not limited to my credit, tax, litigation, property, business, criminal									

DATE SIGNED

SIGNATURE



To expedite the processing your application, please complete all sections of the application and submit the required personal and business financial information. Please note that an incomplete application **WILL NOT BE PROCESSED.** 

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

P	E	R	SC	N	ΑL			N	A	N	C		<b>\L</b>		IN		0	R	N	<b>\</b> A	T	10	N	
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	Schedule A - Copy of most recent Brokerage Statements
	Schedule B & C - Copy of Real Estate appraisals or letter(s) from Real Estate Agent stating market value of property.
	Schedule D - Most recent copy of the Cash Surrender Value Statement of Life insurance, if the policy amount is equal to or greater than \$5,000.
	Copy of most recent Personal Checking & Savings Account Bank Statements.
	Copy of Last Year's Personal Tax Return.
BUSI	NESS FINANCIAL INFORMATION
	Copy of most recent Business Income Statement & Balance Sheet
	Copy of most recent Business Checking & Savings Account Bank Statements
	Copy of Last Year's Fiscal Year End Income Statement & Balance Sheet
	Copy of Last Year's Business Tax Return.

\*\*\* "Most recent" is defined as within the last sixty (60) days.

By submitting this Application, you and each of your owners represent and warrant to us that neither you nor any owner is identified either by name or an alias, pseudouym or nickname, on the lists of "specially designated Nationals" or "Blocked Persons" maintained by the U.S. Treasury Department's office of Foreign Assets Control (texts available at www.treas.gov/offices/enforcement/ofac/).

If your application for a franchise is denied, you have the right to a written statement of our reasons for the denial. To obtain the statement, please contact your sales representative at the address below within 60 days from the date you are notified of our decision. We will send you a written statement of our reasons for the denial within 30 days of receiving your request.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Reserve System.

Dollar Thrifty Automotive Group, Inc. U.S. Franchise Development 5310 E. 31<sup>st</sup> Street Tulsa, Oklahoma 74135 (918) 669-2219 - FAX (918) 669-2061 E-mail: franchisesales@dtaq.com

Dollar Rent A CarThrifty Car RentalThrifty Car Sales800-800-4000800-847-4389877-289-2583

franchisesales@dollar.com franchisesales@thrifty.com tcsfranchisesales@thrifty.com