

	<b>FSMPC AUTHORIZED RESELLER APPLICATION FORM</b>	Please affix recent passport-sized photograph of yourself here.
	<b>FSM PETROLEUM CORPORATION dba Vital/PetroCorp</b> <b>P.O. Box 1762</b> <b>Dekehtik, Nett, Pohnpei State - FSM 96941</b> <b>Tel: 691-320-6364; Fax: 691-320-7456; Email: petrocorp@fsmpc.com</b>	

### IMPORTANT INFORMATION

- 1 This application should be completed in the applicant's own handwriting in black or blue ink.
- 2 Inaccurate or incomplete application will not be considered for further processing.
- 3 Please submit copy of latest tax returns, if any.
- 4 Please use additional paper if the space in the form is insufficient.
- 5 All submitted documents are not returnable.
- 6 The selection process is managed by a selection committee, and no individual or Company personnel has the authority to decide unilaterally on behalf of the committee or the Company.
- 7 The Company's decision is final and the Company is not obligated to disclose any reasons for unsuccessful applications.

### PERSONAL PARTICULARS

Full Name (as per Driver License / SS Card)			
Correspondence Address:		Telephone Contact:	
		Mobile Phone No.	
		Fax No:	
Post Code:	City:	State:	Email address:
Residential Address:		Telephone Contact:	
		No. of Years' Resident: _____ years	
		Citizenship: US: _____	
Post Code:	City:	State:	FSM: _____ Others: (spec) _____
Sex:	Date of Birth:	Place of Birth:	Current Profession:
Marital Status:	Social Security No:		
Have you suffered or been diagnosed of any major illness? If yes, please elaborate and provide medical report.			

### BUSINESS LOCATION/AREA

State exact location of your Service Station: _____
Provide map detailing distance from nearest existing gas station and explain why FSMPC should consider your proposed S/S.

### FAMILY PARTICULARS

Spouse	Name	Date of Birth	Occupation/Employer and Address
			Monthly Income: \$ _____
Children			School/Employer

## WORKING/BUSINESS EXPERIENCE

A) Business experience or employment record. Please give details:

Name & Address of Current Employer/Business      Position /Title      Monthly Income      Years of Experience


Name of Previous Employers for the past 10 years

Period

1

2

3

4

B) Experience in service station operation:

C) Experience in automotive servicing:

D) Experience in other retailing business or service industries:

E) Does any of your family members own, manage or operate any service station business?

F) Have you applied for any service station dealership before?

Company: ☐ Vital/PetroCorp

Status: \_\_\_\_\_

☐ Others (Mobil, etc):

## QUALIFICATION

Education	Name & Location of School/College/University	From	To	Degree/Certificate

## LANGUAGES

		WRITTEN	SPOKEN
Pohnpeian / Chuukese / Kosraean / Yapese	Circle	Fair / Good / Excellent	Fair /Good / Excellent
English		Fair / Good / Excellent	Fair /Good / Excellent
Others:	1. _____	Fair / Good / Excellent	Fair /Good / Excellent
	2. _____	Fair / Good / Excellent	Fair /Good / Excellent

## PERSONAL INTEREST (e.g. social works, charitable organizationa, hobbies, etc.)


## PC SKILLS (Please specify computer software packages that you are familiar with.)


FINANCIAL STANDINGS AT _____ (Please specify)				
Deposits/Stocks	Bank Address	Value	Balance of Loan	Net Value
A. Current A/C				
B. Savings A/C				
C. Fixed Deposit				
D. TCD/LOC/ETC				
E. Shares _____ _____				
F. Other Sources				

  

RealEstate	In Name Of	Address/Description	Assessed Value	Year Purchased	Encumbrances Charges	Amount Owning
G. Land						
H. Houses						
I. Others						
TOTAL						

  

FINANCES	
1 How much working capital do you plan to invest in this business? Provide financial summary of your plan. US\$ _____	
2 How do you propose to raise the above funds? <b>Please submit documentary evidence.</b>	
<ul style="list-style-type: none"> <li>• Time Deposit A/C \$ _____</li> <li>• Current A/C \$ _____</li> <li>• Savings A/C \$ _____</li> <li>• Stocks &amp; Shares \$ _____</li> <li>• Bank Loan \$ _____</li> </ul>	<ul style="list-style-type: none"> <li>• Overdraft Facilities \$ _____</li> <li>• Sale of Car/Assets \$ _____</li> <li>• Others \$ _____</li> <li>• _____ \$ _____</li> <li>• _____ \$ _____</li> </ul>

## CONSTITUTION OF BUSINESS

Do you agree to run the service station on a sole proprietorship basis? Provide documentation

Yes / No

Please specify the name or title under which you will operate the station.

## STATION OPERATION

A) Why do you choose to be in the fuel service station business?

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B) How much time would you spend at the station daily?

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C) How will you manage the station when you are not at the station? Who will stand in for you?

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D) Aside from a competitive salary, what else would you do to ensure that your staff is committed and motivated to do their job?

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E) How will your spouse/family be assisting you in the business?

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F) What training do you need to run the station effectively?

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G) What roles do you see Vital / FSM PetroCorp should assist for the success of your business?

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H) What equipment would you invest in to help you operate your business more effectively and efficiently?

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I) What other services do you wish to offer at the station?

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## CONVENIENCE RETAILING

A) Do you plan to have a convenience store at your service station?

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B) If yes, what do you know about convenience store operations? And how do you plan to manage it efficiently and profitably?

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D) What is your expectation on sales and profit from the convenience store business?

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E) What would you personally do to promote sales of FSMPC lube oil products from your convenience store?

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## PAYMENT METHODS

A) Will you be accepting credit cards, purchase order or offer credit at your service station?

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## PROFIT

A) How much do you think would be a fair monthly net return for this business venture? \$:

G) What would you do if your actual income from the business does not meet your expectation?

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## UNDERSTANDING THE BUSINESS

The service station business is one that requires the Retailer to work long hours and manage it on full-time basis. Essentially, the business should remain open throughout the year. Additionally, a successful service station would most likely include other non-fuel retailing offers, such as convenience store, auto servicing / quick oil change, etc. Increased customer sophistication and competition put a lot of pressure on the Retailer to maintain high level of customer service at all time, adhering to many stringent environmental, storage and handling requirements and standards. You must be willing to accept the above requirements before committing yourself to take up the dealership. If you wish to state any disagreement to any of the above, please state below. Failure to do so will be taken as acceptance of the requirements.

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## DECLARATION BY APPLICANT

- ☐ I understand the general requirements of the business as stated in the Understanding the Business section above;
- ☐ I understand that to become an authorized Vital/PetoCorp Reseller / Distributor, I must comply with FSMPC prescribed standards, policies and guidelines;
- ☐ I am not an employee of, board member or an contractor to FSM Petroleum Corporation, nor any member of immediate family;
- ☐ I have never declared bankruptcy;
- ☐ I have never been convicted of any criminal offense;
- ☐ I shall abide by all standard requirements related to this application as specified in the Company Statement of General Business Principles;
- ☐ I have not offered any inducement to any FSMPC employee for favorable consideration of my application or future appointments;
- ☐ I understand that if I am awarded a Dealership License I have to sign a fuel supply agreement to sell FSMPC products and services;
- ☐ I understand that FSMPC reserves the right to reject the application at its sole discretion without stating any reasons;
- ☐ I authorize FSMPC to investigate and verify information provided herewith with my bankers and any other relevant entities;
- ☐ I attached herewith the supporting documents including those required by the attached FSMPC Credit Application Form:
- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Evidence of previous two years tax returns;   | <input type="checkbox"/> | Proof of financial standing, etc.   |
| <input type="checkbox"/> | Medical history report (if any major illness) | <input type="checkbox"/> | Additional papers used to elaborate answers to any question above (if any). |

I confirm that the information I rendered above is true, complete and accurate to the best of my knowledge and ability. I understand and accept that should any information herewith declared be false, untrue or wrongly offered, the Company shall have the right to cancel or terminate any License, terms, conditions, if any, made or offer to me.

Signature: \_\_\_\_\_

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