



New "A" Account     "AA" to "A"

**Instructions:**

Please complete the following applications by truthfully providing all the information requested. All the information you provide will be held in strict confidence by Sunoco, Inc. Completing this application does not obligate you or Sunoco, Inc. in any way. Failure to complete the application or providing untruthful information will make the application invalid.

Facility Type
<input type="checkbox"/> Ultra Service Center
<input type="checkbox"/> Convenience Store
<input type="checkbox"/> Gas Only
<input type="checkbox"/> Traditional Bay Station
<input type="checkbox"/> Other:

**Please Print All Information Clearly - Do Not Leave Any Information Blank**

Subject Facility		
Existing DUNS #: N/A if New "A" Account	Area Marketing Manager:	
Sunoco Dealer Name:	Dealer Birth Name:	
Business Entity Name/ Sunoco Dealer Contract Name:	Federal Tax ID Number:	
Station Address:	Business Phone:	
City:	State:	Zip Code:
Property: Do you own the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the property in a different name than your own? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, include copy of commercial lease.	Lease Agreement Included: Yes <input type="checkbox"/> No <input type="checkbox"/> (Required if dealer does not own property and/or deed name and Sunoco contract name are different.)	
If Leased, list the Station Property Owner's Name Address:		
City:	State:	Zip Code:

Business Type
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (Each partner must provide separate application)

Station Operator Contract Name – Corporate / LLC / Partnership			
Name of Offices / Members	Title	% Shared / Owner	Social Security No.
Multiple Facility Operator: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", list DUNS numbers)			

Authorization To Obtain Credit Bureau Reports				
Applicant's Last Name:	First:	Middle:	Date of Birth:	Social Security No:
Spouse's Last Name:	First:	Middle:	Date of Birth:	Social Security No:
Current Home Address:		City:	State:	Zip Code:
Telephone (Cell):		Telephone (Business):		
Applicant's Drivers License No.:	State of Issue:	Spouse's Drivers License No.:	State of Issue:	
Applicant's Email Address:		Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Financial			
Funds Required For Business		Sources of Funds For Initial Requirements	
Estimated Initial Investment		Liquid Assets	Amount
			Name of Financial Institution (Attach Documentation**)
Capital Investments	\$	Cash	\$
Key Money / Good Will			
Rent			
Collateral Deposit		Securities	
Gasoline Inventory		Equipment / Inventory	
Store / Bay Inventory		Loans	
Equipment; Existing Fees		Sun Consideration • Cash • Equipment	
(Franchise)			
Utility Deposits, Insurance		Total	
Grand Opening (\$3000 Rec.)			\$
Working Capital		* Spousal signature required if any financial assets/liabilities are jointly held. ** Applicant must attach support documentation for all "sources of funds", i.e. bank or securities statement, loan approval / commitment	
Other			
<b>Total Funds Required</b>	\$		

This Section To Be Completed by Sunoco			
Date Station Property Requested:		Lease Agreement Included: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mortgage Property Search Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Mortgage Property Name:			
Mortgage Property Address:	City:	State:	Zip:

"I expressly authorize any past or present employer or any person who has personal knowledge of my character, work experience, criminal records or credit bureaus to release information to Sunoco. Upon request I also agree to supply statements from my professional advisors or tax returns verifying assets and liabilities. I understand Sunoco is relying upon the above information as a material factor in considering my application and I therefore agree to promptly notify Company of any material change in any of the above information or subsequent information provided to company".

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed forms to  
**ChangeToSunoco@sunoco.com**  
 or mail your completed forms to:

Attn: **Jessica Kennedy**  
**Sunoco, Inc.**  
**3801 West Chester Pike**  
**Newtown Square, PA 19073**