



Off Road Innovations
 2080 N. Monroe Street | Tallahassee, FL 32303
 Phone: 850-385-2949 | Fax: 850-385-4353
 www.OffRoadInc.net | info@OffRoadInc.net

Company Name		Company Phone	Fax
Street Address	City	State/Province/Country	Zip
FED TAX I.D #	Entity: Sole Proprietorship Partnership Corporation Other:		
Nature of Business		Years in Business	
Owner's Name		Title	% of Ownership
Your Last Name	First Name	Middle Initial	
Social Security Number	Birth Date	Marital Status	
Street Address	City	State/Province/Country	Zip
Home Phone	Cell Phone	Work Phone	
Spouse's Name		Social Security Number	
Spouse Employed?	If Yes, What Occupation?	Annual Salary	
No. of Dependents	Do You Rent or Own Your Home?	If You Own, When Did You Buy?	

Employment History

List all present and past employment, beginning with your most recent.

Company Name	From/To	Position/Title	
Address	Monthly Starting Salary	Monthly Last Salary	
Reason For Leaving	Name/Title of Supervisor		

Company Name	From/To	Position/Title	
Address	Monthly Starting Salary	Monthly Last Salary	
Reason For Leaving	Name/Title of Supervisor		

Education Record

	School	Course of Study	Years Attended From/To	Last Year Completed	Did You Graduate?	List Diploma or Degree
HIGH SCHOOL	Name City, State Phone#					
College	Nam City, State Phone#					
Other (Specify)	Name City, State Phone#					



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Financial Commitments

Are you interested in owning more than one dealership? Yes no Number of Outlets _____
 Do you have a business development plan? Yes No If yes, please attach a copy.
 How much cash are you prepared to invest in the Off Road, Inc. dealership? \$_____ How much do you propose to borrow from financial institutions? \$_____

Explain terms, conditions and restrictions of loan _____

If a financial investment will be made in a Off Road, Inc. dealership by another (or others) complete the following:

Name _____ Dollar (\$US) Amount of

Investment _____

Name _____ Dollar (\$US) Amount of

Investment _____

Name _____ Dollar (\$US) Amount of

Investment _____

*All investors will be asked to complete a similar application

General Information

Are you a defendant in any lawsuit? yes no If yes, describe

Have you ever been Convicted of a felony? yes no If yes, describe

Have you ever filed for bankruptcy? yes no If yes, describe

Have you previously applied for a Off Road, Inc. Dealership? yes no If yes, describe

Do you presently own or lease a potential Off Road, Inc. Site(s)? yes no If yes, describe

Do you plan to operate the dealership? yes no If yes, describe

List geographical areas 1st _____ 2nd _____ 3rd _____
 of interest city, state city, state city, state

Assets		Liabilities	
Cash on Hand and in Banks		Notes payable to banks	
Deposits or down payments		Bank Name (s):	
Government Securities (attach schedule)			
Accounts & Notes receivable (attach schedule)		Notes payable to others	
Real estate owned-home Original cost	Market Value		
Real estate owned-home Original cost	Market Value	Accounts and bills due	
Automobiles			
Cash surrender-life insurance		Real estate mortgages payable-home	
Beneficiary	Face Value	Real estate mortgages payable-other	
Other Assets - itemize		Other debts-itemize	
Total Assets		Total liabilities	
		Net worth (Total assets less total liability.)	
		Total liabilities & net worth	



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References

Banking-	Account#
	Contact:
Address:	
Phone:	
Business-	
Name:	Contact:
Address:	
Phone:	
Personal-	
Name:	Contact:
Address:	
Phone:	

List any Friends or Relatives now working for Off Road, Inc. or any of its Dealers

Name	Relationship	Name	Relationship

This information supplied by me on this application is true and correct to the best of my knowledge. I understand that investigation may be made as to my character, general reputation, personal characteristics and mode of living, and I understand that necessary credit and reference inquiries will be made, and I hereby authorize the release of such information.

Signature

Date