



OILSTOP QUESTIONNAIRE

Name	Spouse's Name	
Residence Address		
City	State	Zip
Residence Telephone ()	Business Telephone ()	
Email		
Geographical area(s) of interest:		
Have you ever owned or operated another franchise?		
If yes, what franchise?		For how long?
Net Worth	Liquid Assets	

I hereby certify that the information I have just provided in this Questionnaire is true and correct. I also understand that submission of this information does not obligate Oilstop, Inc. or Ps1, Inc. in any manner or way.

Signature

Date