

LETTER OF INTENT

DATE:

Mr. Jose Carlos J. Martinez
Managing Director
Filipino Energy Resources Corporation

THIS IS TO FORMALIZE MY FRANCHISE APPLICATION AS:

HUB
 OUTLET

THE PROPOSED STORE IS:

OWNED
 TO BE LEASED

APPLICANT'S DATA

NAME: CIVIL STATUS:

HOME ADDRESS:

BIRTHDAY:

EMAIL ADDRESS: MOBILE NUMBER:

PROPOSED STORE LOCATION:

WHERE DID YOU FIRST HEAR ABOUT THE EC GAS BUSINESS OPPORTUNITY?

SOURCE OF CAPITAL:

EMPLOYMENT

NAME OF EMPLOYER:

DESIGNATION: INDUSTRY:

DATE OF EMPLOYMENT (INDICATE FROM - TO PERIOD):

EXISTING BUSINESS NATURE:

STOCKS, DIVIDENDS, TRUST FUNDS ETC. OTHERS: PLEASE SPECIFY:

RENTAL INCOME: APARTMENTS, LAND, OFFICES & VEHICLES:

TOTAL MONTHLY INCOME:

EDUCATIONAL BACKGROUND:

NAME OF SCHOOL	COURSE	DATE ATTENDED & GRADUATED
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

HIGHEST EDUCATIONAL ATTAINMENT:

LEASE INFORMATION (If applicable)

STORE ADDRESS: _____

FLOOR SIZE: _____ NO. OF FLOORS: _____

LEASE PERIOD: _____ YEARS

IF COMMERCIAL BUILDING, WHICH FLOOR IS THE PROPOSED STORE SITUATED: _____

TYPE OF SPACE: _____ WITH PARKING SLOT: _____

STAND ALONE YES

COMMERCIAL BUILDING NO

OTHER DETAILS APPLICABLE: _____

WOULD YOU CONSIDER OTHER LOCATIONS?
 YES; IF YES, WHERE? _____ NO

MONTHLY OVERHEAD COST PROJECTION

MONTHLY RENTAL: _____

NO. OF STAFF YOU INTENT TO HIRE: _____

SALARIES OF STAFF: _____

UTILITIES

ELECTRICITY: _____

WATER: _____

INTERNET: _____

TELEPHONE: _____

OTHERS: _____

OFFICE SUPPLIES: _____

MISCELLANEOUS: _____

TOTAL: _____

MARKET POTENTIAL OF PROPOSED AREA

A. COMPETITIVE SCAN

INDICATE THE NEAREST COMPETITOR/S IN THE AREA, IF ANY:

BRAND	NO. OF STORES W/IN 3 KM RADIUS	NEW CYLINDER PRICE	11 KG REFILL PRICE AS OF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. POTENTIAL CLIENTS

LIST DOWN THE SUBDIVISIONS, RESTAURANTS, HOSPITALS, COMMISSARIES, FOOD TERMINALS, SCHOOLS AND CANTEENS:

SUBDIVISIONS

RESTAURANTS

HOSPITALS

COMMISSARIES AND CANTEENS

SCHOOLS

FOOD TERMINALS

PLEASE CREATE A LIST IN A WORD DOCUMENT FILE IF THE SPACE PROVIDED IS NOT ENOUGH.

BUSINESS PLAN

WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF OR A GROUP?

BY ME
 GROUP

NAME OF BUSINESS PARTNERS / INCORPORATORS (IF APPLICABLE):

DO YOU OWN A BUSINESS CURRENTLY?

YES NO

HAVE BEEN IN BUSINESS FOR YOURSELF?

YES NO

IF YOU ARE OR HAVE BEEN A BUSINESS OWNER, PLEASE PROVIDE THE FOLLOWING DETAILS:

TYPE OF BUSINESS: _____

TRADE NAME OR COMPANY NAME: _____

ADDRESS: _____

POSITION / TITLE / DUTIES: _____

PERCENTAGE OF OWNERSHIP / CAPITALIZATION: _____

DATE OF BUSINESS ESTABLISHMENT (INDICATE FROM -TO PERIOD):

_____-_____-_____-_____-_____-_____

STATUS OF BUSINESS:

OPERATIONAL
 CLOSED/ INACTIVE
STATE REASON WHY: _____

NO BUSINESS EXPERIENCE?

NONE

PLEASE LET US KNOW HOW YOU PLAN TO MARKET EC GAS IN YOUR AREA:

PLEASE ATTACHED THE FOLLOWING IN THIS FORM:

1. PHOTOCOPY/ SCANNED COPY OF VALID GOVERNMENT ISSUED ID.
2. PHOTO OF PROPOSED STORE (IF ALREADY AVAILABLE)

FOR EASTERN PETROLEUM CORPORATION'S USE ONLY:

APPLICATION NO: _____

DATE OF APPLICATION SUBMISSION: _____

FOLLOW-UP STATUS 1: _____

FOLLOW-UP STATUS 2 : _____

FOLLOW- UP STATUS 3 : _____

APPROVED
 DISAPPROVED

DATE: _____

MR. JOSE CARLOS J. MARTINEZ
MANAGING DIRECTOR

PROCESSED BY: _____

MR. FERNANDO L. MARTINEZ
CHAIRMAN & CEO