

**SERVICE CENTER SCHOLARS
TWENTY GROUP APPLICATION
GENERAL**

Name of Principal/Member: _____

Name of Business: _____ Year business started: _____

Address: _____

City, State, Zip code: _____

Phone number: _____ Fax number: _____

E-mail address: _____ Web address: _____

Percentage of your income derived from this business: _____% other source(s): _____%

Ownership percentage summary:

_____ % Relationship _____ Active _____

_____ % Relationship _____ Active _____

SALES

Annual Gross Sales:

Include gross sales from the last three years, separated by year

YTD 20___ \$ _____ 20___ \$ _____ 20___ \$ _____

Vehicle mix _____% European _____% Asian Import _____% Domestic

PERSONNEL

Number of Employees (total) _____ Average Tenure _____

Front Office: _____

Technicians: _____

Other Support: _____

COMPUTER SYSTEM

Which brand of garage keeping software does your business use? _____

Do you produce a monthly P & L and Balance Sheet? Yes No

THE NEXT STEP

Please complete and send to:

Chris Cotton
AutoFixSOS
chris@autofixsos.com

Signature: _____

Date: _____