



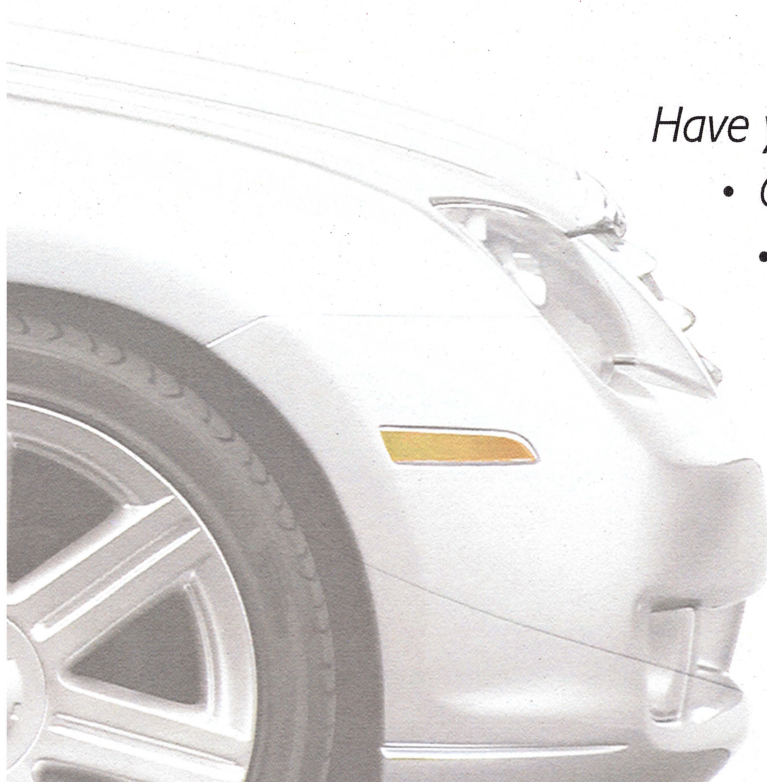
*O*perator

*A*pplication

*Please complete this application and forward
the original to the address on the back.*

Have you:

- *Completed each page?*
- *Included co-owner's application?*
- *Signed and dated all areas?*



OPERATOR APPLICATION

PERSONAL

NAME (FIRST, MIDDLE INITIAL, LAST)		STREET ADDRESS	
CITY, STATE, COUNTRY, ZIP		HOME PHONE NUMBER ()	CELL PHONE NUMBER ()
E-MAIL ADDRESS		FAX NUMBER ()	
BIRTH DATE 	SOCIAL SECURITY NUMBER 	DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE	

PROFESSIONAL BACKGROUND

CURRENT OCCUPATION/TITLE	LENGTH OF EMPLOYMENT	SELF EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF COMPANY	BUSINESS PHONE NUMBER ()	
ADDRESS		
CITY, STATE, COUNTRY, ZIP		

GIVE A BRIEF REVIEW OF LAST 5 YEARS OF EMPLOYMENT OR ATTACH RESUME

Do you now own, or have you ever owned, an interest in a vehicle rental, vehicle leasing, vehicle parking or vehicle sales business?

YES NO If YES, please explain in detail _____

PERSONAL REFERENCES

PROFESSIONAL REFERENCES

NAME	PHONE NUMBER	NAME	PHONE NUMBER
	()		()
	()		()

FINANCIAL REFERENCES

NAME OF INSTITUTION	
CONTACT/TITLE	PHONE NUMBER ()
NAME OF INSTITUTION	
CONTACT/TITLE	PHONE NUMBER ()

GEOGRAPHICAL AREA(S) OF INTEREST

CITY	STATE	COUNTY

PERSONAL FINANCIAL STATEMENT

ASSETS

Cash on hand and in banks (attach statement) \$ _____
 Automobiles and other personal property \$ _____
 Securities \$ _____
 Other assets - itemize \$ _____

 TOTAL ASSETS \$ _____

LIABILITIES

Notes payable \$ _____

 Credit Cards payable \$ _____

 Accounts and bills due \$ _____

 Real Estate mortgages payable (See Schedule A) \$ _____

 Others debts - itemize \$ _____

 TOTAL LIABILITIES \$ _____
 NET WORTH \$ _____

PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Are any assets pledged or encumbered by a lien, mortgage or security interest?

Are you an owner, a guarantor, member, partner or officer in any other business venture? Yes No If yes, explain:

Are you a defendant in any suits or legal actions?

Yes No If yes, explain:

Have you during the 15-year period immediately preceding the date of this application, been adjudged a debtor in bankruptcy or reorganized personally or professionally due to insolvency?

Yes No If yes, explain:

PERSONAL FINANCIAL STATEMENT

PLEASE TYPE OR PRINT

SCHEDULE A

— Real Estate Owned

Please provide supporting backup for determination of market values (Independent appraisal or real estate letter)

Description of Property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage Amount	Mortgage Maturity

PAST OR PRESENT FINANCE SOURCES

Source	Loan Officer	Active Since	High Credit	Outstanding Balance	Interest Rate (%)	Guarantor

By signing below, I do the following: I warrant that all of the information submitted in connection with this financial statement, including all personal and business financial statements submitted to you, are true and accurate as of the date below. I agree to notify DTG of any material change in my personal, business or financial status while this credit review is pending. I consent to and acknowledge that DTG and its affiliates may obtain information, including credit reports and background information relating to my personal and business records from third parties and that DTG and its affiliates may exchange any information obtained from third parties or provided by me among themselves and with third parties, including but not limited to my credit, tax, litigation, property, business, criminal and driving records.

SIGNATURE

DATE SIGNED

CREDIT INFORMATION

PERSONAL Please attach a copy of your current personal monthly checking and savings account statements..	BUSINESS Please attach a copy of your current business monthly checking and savings account statements..
NAME OF BANK OR FINANCIAL INSTITUTION	NAME OF BANK OR FINANCIAL INSTITUTION
CONTACT PERSON PHONE NUMBER	CONTACT PERSON PHONE NUMBER
ADDRESS	ADDRESS
CITY, STATE, COUNTRY, ZIP	CITY, STATE, COUNTRY, ZIP
CHECKING ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER
SAVINGS ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER

BUSINESS ENTITY INFORMATION

PLEASE INDICATE ONE OF THE FOLLOWING: <input type="checkbox"/> Existing entity <input type="checkbox"/> New entity to be formed	If this is an existing business, will the business be guarantying the debt in addition to personal guarantees? <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE INDICATE ONE OF THE FOLLOWING: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation
NAME OF BUSINESS ENTITY:	
Amount of initial working capital available \$	<input type="checkbox"/> Personal OR <input type="checkbox"/> Existing business assets
STATE OR COUNTRY OF FORMATION:	
PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY:	
NAME OF OWNER(S), PARTNER(S) OR MEMBER(S)	PERCENTAGE OF OWNERSHIP
1)	
2)	
4)	
5)	

CREDIT LINE	CONTACT/TITLE/PHONE NUMBER	AMOUNT
1) Bank/Finance Company		
2) Bank/Finance Company		
3) Bank/Finance Company		

By signing below, I do the following: I warrant that all of the information submitted in connection with this Application, including all personal and business financial statements submitted to you, are true and accurate as of the date below. I agree to notify Dollar Thrifty Automotive Group, Inc. (DTG) of any material change in my personal, business or financial status while this Application is pending. I understand that this Application does not constitute an offer by DTG to operate as an independent contractor and that this information is being provided to DTG and its affiliates solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that DTG and its affiliates may obtain information, including credit reports and background information relating to my personal and business records from third parties and that DTG and its affiliates may exchange any information obtained from third parties or provided by me among themselves and with third parties, including but not limited to my credit, tax, litigation, property, business, criminal and driving records.

SIGNATURE	DATE SIGNED
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Operator Application Checklist

To expedite processing your application be sure you thoroughly complete the application and submit the documents listed below.

Please remember to sign and date the application where indicated.

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

I. REQUIRED DOCUMENTS YOU MUST SUBMIT WITH APPLICATION

- A. Completed Personal Financial Statement
- B. Personal checking and savings account bank statements
- C. Brokerage statements as listed on the Personal Financial Statement enclosed, if applicable.
- D. Detailed work history
- E. Current Business Financial Statement
- F. Current Business Checking and Savings Account Bank Statements
- G. Current Business Balance Sheet
- H. Completed Consent to Criminal History Background check
- I. Completed request for Federal Tax Identification Number
- J. Copy of Articles of Incorporation or Articles of organization stamped by State
- K. Quote of Insurability

** All documents should be "current" as of the date of the application unless otherwise indicated.*

By submitting this Application, you and each of your owners represent and warrant to us that neither you nor any owner is identified either by name or an alias, pseudonym or nickname, on the lists of "specially designated Nationals" or "Blocked Persons" maintained by the U.S. Treasury Department's office of Foreign Assets Control (texts available at www.treas.gov/offices/enforcement/ofac/).

If your application for Independent Operator is denied, you have the right to a written statement of our reasons for the denial. To obtain the statement, please contact your sales representative at the address below within 60 days from the date you are notified of our decision. We will send you a written statement of our reasons for the denial within 30 days of receiving your request.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Reserve System.

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Local Market Operations
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