

# TXENTY GROUP

Dealer Strategic Planning, Inc.

**"Professionals Sharing with Professionals"**

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## Dealer Strategic Planning, Inc.

### Twenty Group Application

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Years of Ownership: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Operation: (Check all that apply)

Retail  Wholesale  Retread  Commercial  Farm/AG  OTR

Total Annual Units Sold \_\_\_\_\_ Total Annual Sales \$ \_\_\_\_\_

Number of Employees: Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

Point of Sale Supplier: \_\_\_\_\_

Repair Software Supplier: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Do you own the building:  Yes  No

How long have you been in the tire business? \_\_\_\_\_ Years

**Business Mix:**

Tires \_\_\_\_\_  
 Automotive Service \_\_\_\_\_  
 100%

**Tire Business: (Check all that apply)**

\_\_\_\_\_ Passenger \_\_\_\_\_ Light Truck \_\_\_\_\_ Med. Truck \_\_\_\_\_ Commercial \_\_\_\_\_ OTR \_\_\_\_\_ Fleet  
 \_\_\_\_\_ Service/Repair \_\_\_\_\_ Emergency Road \_\_\_\_\_ On farm service \_\_\_\_\_ OTR on-site service

**Automotive Repair: (Check all that apply)**

\_\_\_\_\_ Oil \_\_\_\_\_ Brakes \_\_\_\_\_ Shocks \_\_\_\_\_ Alignment \_\_\_\_\_ Steering & Suspension  
 \_\_\_\_\_ Air Conditioning \_\_\_\_\_ Preventive Maintenance \_\_\_\_\_ Minor Engine \_\_\_\_\_ Major Engine

Location Names & Addresses	Check Appropriate Box Below		
	Retail	Commercial	Wholesale

Name of other owners in business with you;	Relationship	% Ownership
_____	_____	_____
_____	_____	_____

Spouse's Name: \_\_\_\_\_

Involved in business: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_