



CARS Classic Application

Read this application and shareholder agreement carefully before signing. Complete and check the Payment Option you elect. If the applicant is not accepted, the funds will be returned. Upon payment and acceptance, applicant will be issued One (1) Share of Class A stock, in accordance with the bylaws of the cooperative.

Shop Information

Legal Name of Motor Vehicle Repair Facility: _____

Facility Address: _____

Business Number: _____ Cell Phone Number: _____

Shop Email: _____ Website Address: _____

Federal Tax ID Number (EIN): _____

Number of facilities under EIN or SSN #: _____

Number of Body Techs: _____ Number of Paint Techs: _____

Shops Square Footage: _____

Annual Sales

- | | | | |
|-------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 500,000-1M | <input type="checkbox"/> 1M-1.5M | <input type="checkbox"/> 1.5M-2M | <input type="checkbox"/> 2.5-3M |
| <input type="checkbox"/> 3.5M-4M | <input type="checkbox"/> 4.5M-5M | <input type="checkbox"/> 5.5M-6M | <input type="checkbox"/> 6.5M-7M |
| <input type="checkbox"/> 7.5M-8M | <input type="checkbox"/> 8.5M-9M | <input type="checkbox"/> 9M-10M | <input type="checkbox"/> 10M+ |

Paint Use

Brand of Paint Used: _____

Paint Type (Waterborne or Solvent-Based): _____

Estimating System Used (Mitchell, CCC, ADP, Manual): _____



Supplier Information

Jobber/Supplier Name: _____ Supplier Contact Name: _____

Supplier Phone: _____ Supplier Email: _____

Secondary Supplier Name: _____ Secondary Contact Name: _____

Secondary Phone: _____ Secondary Email: _____

Please note what you are currently using or interested in:

I-CAR Organization ID #: _____

AkzoNobel (U.Tech, Lesonal, Sikkens): _____

Carborundum: _____ Farecla: _____

Norton: _____ Revive: _____

Adhesive Templates: _____ American Brand Tape: _____

asTech: _____ Carparts Wholesale: _____

Clarity Car Care: _____ CrunchIT Financial Services: _____

Collision Training Institute: _____ DeVilbiss: _____

E-Volve: _____ Find Pigtails: _____

GUNI: _____ Hendrick Chevrolet: _____

Hertz: _____ I-CAR: _____

Kent Automotive: _____ Lift King: _____

OPUS-IVS: _____ Performance Radiator: _____

PMC Logic: _____ Principled Payments: _____

Production Board: _____ S2F (Web Development): _____

Shawnee Mission Ford: _____ Solera: _____

SOLIDUS: _____ Spanesi: _____

SUN: _____ Titanium Payments: _____

T-Mobile: _____ TRUEClaims: _____

UniFirst: _____ Wheel Restore: _____



Please provide contact information below.

Primary Contact Name: _____ Title: _____

Email Address: _____ Cell Phone: _____

Secondary Contact Name: _____ Title: _____

Email Address: _____ Cell Phone: _____

Shareholder Agreement, Consent statement, and payment instructions on pages 4 and 5.



Shareholder Agreement:

1. This agreement, the articles of incorporation and the bylaws, a copy of which I have received, constitute the entire contract and agreement between the shareholder and Collision Automotive Repair Services, Inc. and no offers, promises, representations, inducements, agreements or understandings of any kind shall be binding upon the cooperative.
2. Upon acceptance of this application, in relation to Collision Automotive Repair Services, Inc. and under this agreement, I/we will be an independent contractor responsible for my/our own business and not an employee of CARS. I/we will be a shareholder of the cooperative and will not be treated as an employee in regard to any laws covering employees, including but not limited to the Federal Insurance Contributions Act, the Social Security Act, the Federal Unemployment Tax Act, income tax withholding at source, or any federal or state tax laws. I/we acknowledge that it is my/our responsibility to pay unemployment, franchise or sales tax and state and federal income taxes as required by law.
3. A shareholder in Collision Automotive Repair Services, Inc. does not constitute a sale of a franchise or a distribution. This agreement is not intended and shall not be interpreted to create a relationship of agency, partnership or joint venture between any shareholder and the cooperative.
4. Shareholders of Collision Automotive Repair Services, Inc. shall abide by any federal, state, county, and local laws or ordinances pertaining to this agreement and/or the sale, acquisitions, holding, distributing, servicing, or advertising of the products or services of CARS and at the shareholders own expense, they shall acquire any and all licenses or permits and file such reports as are required by law or lawful public authority with respect to this agreement.
5. Shareholders are prohibited from making any representation or claim, verbal or written regarding Collision Automotive Repair Services, Inc. or any of its products, services or programs, other than those contained in material produced or approved by the cooperative.
6. Shareholders of CARS may not use the name, logo or trademark of Collision Automotive Repair Services, Inc. without written approval. Any use of the name, Collision Automotive Repair Services, Inc. or CARS in any promotional material by shareholders of the cooperative must be accompanied by the words "shareholder of."
7. It is understood that upon notification to shareholders, Collision Automotive Repair Services, Inc. (CARS or Cooperative) may amend this shareholder agreement and the plans and policies of the cooperative and that the bylaws of CARS may be amended as provided therein.



Stock Certificate issued upon payment and CARS benefits begin on stock issue date.

CARS Classic Purchase - \$500.00

(One Time Purchase)

Consent

- I hereby apply to become a shareholder in Collision Automotive Repair Services, Inc. as a Class A Shareholder. I hereby acknowledge that I have read and understand the shareholders agreement above. I hereby acknowledge that I have read the bylaws and articles of incorporation, and attest that I am of legal age in the state in which I enter into this agreement.

Applicant's Signature: _____

Title if partnership or corporation: _____

Date: _____

Payment Instructions

Please mail checks and applications to

505 East Hwy 33, Suite 500 Perkins, OK 74059

If you would like to pay with a Credit or Debit card

Call us at (405) 547-4077 Monday-Friday 8am-5pm CST