

GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION

Financing Application

Legal Business
Name of Dealer

Federal Tax
ID#: _____

D/B/A _____
Street Address _____
P O. Box _____
City, State Zip _____

Phone: () _____
FAX: () _____

Email address: _____

Business is a: (please check one)

Corporation	Sub-Chapter "S"	Partnership	L.L.C.	Proprietorship
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OWNERSHIP**	NAME	HOME ADDRESS/ PHONE	SOCIAL SECURITY #	% OWNER
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President/Owner _____

Vice President _____

Treasurer _____

Secretary _____

Other _____

** If only one officer, please indicate. If partnership, list partners, % of ownership, and specify general or limited partner. Submit "File Stamped" Articles of Incorporation, Articles of Organization, Operating Agreement or Regulations, or Partnership Agreement as applicable.

HAVE YOU EVER FILED BANKRUPTCY? YES NO

BUSINESS BANK ACCOUNTS

Bank _____ Phone () _____
Address _____ City/State/Zip _____
Account # _____ Contact Person _____

Bank _____ Phone () _____
Address _____ City/State/Zip _____
Account # _____ Contact Person _____

LARGEST CREDITORS

1. Name _____ Phone () _____
Address _____ City/State/Zip _____
Account # _____ Contact Person _____

2. Name _____ Phone () _____
Address _____ City/State/Zip _____
Account # _____ Contact Person _____

3. Name _____ Phone () _____
Address _____ City/State/Zip _____
Account # _____ Contact Person _____

