

# Pre-Owned Inventory Loan Request Form

GE  
Capital Solutions  
Commercial Distribution Finance

Dealer Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Fax No: \_\_\_\_\_

Account Manager: \_\_\_\_\_

The Dealer identified herein ("Dealer") hereby requests GE Commercial Distribution Finance Corporation ("CDF") to make a loan to Dealer under the loan agreement between Dealer and CDF ("Loan Agreement") with respect to the inventory ("Collateral") identified below. Dealer represents and warrants to CDF that (1) Dealer owns the Collateral free and clear of all liens and encumbrances, (2) the information contained herein is true and correct, and (3) Dealer will pay CDF therefore under the terms and conditions of the Loan Agreement, as may be amended from time to time. Dealer grants CDF a security interest in the Collateral and the proceeds thereof. Eligibility of the Collateral for a loan and the amount of the loan, if any, made with respect to the Collateral will be determined by CDF in accordance with the financing program terms in effect from time to time. The amount of the loan and the terms of repayment will be provided to Dealer on a Transaction Statement or Statement of Transaction.

**Dealer #**

Make	Model	Year	Serial # (Last 6 Digits)	Mileage	Color	Dealer's Purchase Price	NADA/ Clymer/ Kelley Wholesale Clean Value	<b>FOR INTERNAL USE ONLY</b>
								CDF Advance Amount
_____	_____	_____	_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	_____	_____	_____	\$0.00

Total amount of Loan / Invoice \$0.00

Amount Applied to CDF Account \$0.00

Amount Funded to Dealer \$0.00

Application of Advancement Proceeds (please check one of the following):

Funding via ACH transfer to Dealer's Bank Account (if no selection is made, this option will apply)

Apply to CDF account as indicated below:

Invoice #	Serial # (last 6 digits)	Amount to Apply to Principle	Amount to Apply to Interest	Amount to Apply to Fees	Amount to Apply to Insurance	Total Amount to Apply to Account
_____	_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	_____	\$0.00

**For Internal Use Only**

Invoice Date: 2/15/07 Plan Number: \_\_\_\_\_ Curtailment Indicator: \_\_\_\_\_ Dist. #: \_\_\_\_\_ MFG # \_\_\_\_\_

Invoice #: USED21507 Product Code \_\_\_\_\_ Approval # \_\_\_\_\_ Total Invoice Amount: \$0.00