



GE
Capital

GE Capital
GE Commercial Distribution Finance Corp

5595 Trillium Blvd.
Hoffman Estates, IL 60010

Phone: 800-451-5944
Fax: 800-253-8353

DEALER APPLICATION

Dealer Information:		Complete Legal Business Name Required	
Legal Business Name of Dealer		Federal Tax ID #	
DBA Name		Phone #	
Address		Fax #	
City	State	Zip	County
Key Contact Person			Fiscal Year End
Business Type <input type="checkbox"/> Corp. <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Subchapter S <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability		# of Dealership Locations	
Business Email Address			
# Years under current ownership	If purchased from a prior owner, original year business established		
Insurance Company Name	Contents Coverage Amount	Insurance Renewal Date	
Manufacturer/Distributor	Initial Order Amount	Request Credit Line Amount \$	
Bank Name	Bank Contact Name and Phone #	Checking Account #	
Has company and/or you, any owner or principal filed bankruptcy?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify Date:
Please indicate if you have an existing business relationship with another GE entity		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list GE businesses
<p>The above named Dealer makes this application to GE Commercial Distribution Finance Corporation ("CDF") for an inventory finance credit facility and gives the above information to CDF for this purpose. Dealer authorizes CDF to (i) file a financing statement against all of Dealer's personal property prior to the execution of a security agreement, (ii) upon CDF's approval of a credit facility for Dealer, to send purchase money notification letters to all prior UCC filers and negotiate subordination agreements with other lenders, and (iii) to obtain and investigate information concerning any statements made herein. I (or we, in the event that additional principals or potential guarantors execute this application by signing below) understand and agree that my (our) personal consumer credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I (we) request, I (we) will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. If approved for a credit facility, Dealer authorizes CDF to use any telephone, facsimile machine, computer or other device to send communications concerning CDF programs to the Dealer. To the best of the knowledge of the undersigned, the information provided in this application is true and complete. CALIFORNIA RESIDENTS: A married applicant may apply for an individual account. OHIO RESIDENTS: Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.</p> <p>By submitting this Application, the signatories below agree that CDF may share with CDF's affiliates and/or any third parties, including suppliers or distributors, any and all signatories information provided or obtained in connection with this Application, including any signatory financial information provided to, or obtained by CDF or CDF's affiliates, at any time, and may use such information for all purposes in connection with the evaluation and administration of any credit facility requested by or provided to Dealer.</p>			
Dealer Principal Owner Please Sign and Complete Information requested below. Full Name and Address Required – No PO Box Numbers			
Dealer Signature		Date	Business Ownership %
First, Middle, Last Name		Social Security #	
Home Address		Phone #	
City	State	Zip	Title
ALL ADDITONAL OFFICERS, PARTNERS OR PROPRIETORS ARE REQUIRED TO SIGN APPLICATION. PLEASE COMPLETE THE FOLLOWING FOR EACH.			
Full Names and Addresses Required – No PO Box Numbers			
First, Middle, Last Name		Social Security #	
Home Address		Phone #	
City	State	Zip	Title
Signature		Date	Business Ownership %
First, Middle, Last Name		Social Security #	
Home Address		Phone #	
City	State	Zip	Title
Signature		Date	Business Ownership %



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DEALER APPLICATION CHECKLIST

Thank you for your interest in GE Capital Solutions, Commercial Distribution Finance (CDF). We look forward to working with you to meet your financing needs. Please complete the following documents and return them along with the checklist of items below. Send to:

GE Capital
Commercial Distribution Finance
Strategic Industries Group
5595 Trillium Blvd.
Hoffman Estates, IL 60192

Fax 800-253-8353

- 1. Completed Dealer Application signed by **all** dealer principals (form attached).
- 2. Most recent Personal Financial Statement for all principals and guarantors (may be required).
- 3. Fiscal year-end financial statements for **past two years**
- 4. Dealer documents:
 - Copy of Business License and the following document(s) based on entity structure:
 - Corporation – copy of Articles of Incorporation
 - Limited Liability Company – copy of Articles of Organization and Operating Agreement
 - General and Limited Partnership – copy of Partnership Agreements and Certificate of Limited Partnership
- 5. Copy of most recent business bank statement showing current account balances.
- 6. Clear and legible copy of Driver's License for **all** principals, guarantors and their spouses.
- 7. **Fax all documents to 800-253-8353**



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BANKING INFORMATION FORM

For Your Payments to CDF Automatic Direct Debit Authorization Agreement

As an officer/partner/principal of _____, I hereby authorize GE Commercial Distribution Finance Corporation ("CDF") to electronically debit CDF account charges indicated below by me (or above company) on the due date through the use of the Automatic Direct Debit process. It is agreed that these transfers and adjustments may be made electronically under the rules of the National Automated Clearing House Association.

All Charges & Fees – as of 09/01/2009 **Scheduled Liquidation on Due Date – as of 03/01/2010**

This authorization will go into effect as of the dates noted above and with the receipt of a voided check, and will remain in effect until written notice of termination is given.

***Please Provide Your Bank Information in the Section Below ***

Name of Bank: _____	Type of Account: _____
Name on Account: _____	Bank Contact: _____
Bank Transit Routing Number: _____	Bank Account Number: _____
Bank Address: _____	Bank City: _____
Bank State: _____	Bank Zip Code: _____
Bank Phone Number: () _____	Bank Fax Number: () _____

Please Provide Your Company Contact Information in the Section Below

Accounting contact: _____	Company Authorized signature: _____
Email address: _____	

An Advice of payment will be sent to you the day before your account is debited. We will email this advice to the email address noted above.

Company Name _____
 Address _____
 City, State Zip Code _____
 Paid to the order of _____ 1213
 _____ 1/1/2009

Submit Voided Check with this Form

For Payments from CDF to You – Required for ACH Electronic Funds Transfers (All Fields Required)

Same Information as Above

Name of Bank: _____	Name on Account: _____
Type of Account: _____	Bank Contact: _____
Bank Transit Routing Number: _____	Bank Account Number: _____
Bank Address: _____	Bank City: _____ Bank
State: _____	Bank Zip Code: _____
Bank Phone number: () _____	Bank Fax number: () _____

Contact us if your bank is not on Federal Reserve System and uses another bank to route electronic fund transfers.

PLEASE RETURN THIS SIGNED DOCUMENT AND A VOIDED CHECK