



Dealer Application

Fax completed application to
800-253-8353

GE
Capital Solutions
Commercial Distribution Finance

5595 Trillium Boulevard
Hoffman Estates, IL 60192

Phone: 800-451-5944

Dealer Information:		Complete Legal Business Name Required	
Legal Business Name of Dealer		Federal Tax ID #	
DBA Name		Phone #	
Address		Fax #	
City	State	Zip	County
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		Key Contact Person	
Business Email Address		Fiscal Year End	
# Years under current ownership		# of Dealership Locations	
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 %