

GE Commercial Distribution Finance Corporation

FINANCING APPLICATION

Please provide the applicable information requested

Legal Name of Dealer Applicant: _____ Federal Tax ID#: _____

Other Names Dealer is Known as: _____ Former Names of Dealer: _____

Business Address: _____

Date Business was Started: _____ Date Business was Acquired: _____

Key Contact: _____ Phone: (____) _____

Business is a (mark one): Corporation¹ _____ Chapter "S"?² _____ Limited Liability Company³ _____

Partnership⁴ _____ Proprietorship _____

(¹ Attach Articles of Incorporation; ² Provide last 2 corporate and personal tax returns; ³ Attach Articles of Organization and Operating Agreement; ⁴ Attach partnership Agreement)

Credit Line Requested: Floorplan \$ _____ A/R \$ _____

Products to be financed by GE Commercial Distribution Finance Corporation: _____

OWNERSHIP STRUCTURE:

NAME	% OF OWNERSHIP	YEARS WITH APPLICANT	YEAR IN INDUSTRY
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President: _____

Vice President: _____

Treasurer: _____

Secretary: _____

Other: _____

If only one officer, please indicate: _____

If partnership, list partners, % of ownership, and specify general or limited partner.

List any other businesses (along with the city and state where they are located) in which officers, stockholders, partners or owners have an interest: _____

ADDITIONAL AFFILIATED ENTITY (IES):

Specify the following for EACH entity, whether or not financed by GE Commercial Distribution Finance Corporation or receiving inventory financed by GE Commercial Distribution Finance Corporation:

Exact name: _____

Address: _____

Entity: Corporation _____ Chapter "S" _____ Limited Liability Company _____ Partnership _____ Proprietorship _____ Other _____

If Corporation: State Incorporated _____ Date Incorporated _____

Relationship to Dealer Applicant: _____

Is each affiliated entity invoiced separately on all inventory sold by that entity? Yes No

Is inventory transferred among entities? Yes No

LOCATIONS: Please list all locations. (If more than four locations, attach a complete listing of all locations.)

Please provide landlord's information for all locations in the following states:

AL, AZ, AR, DE, DC, FL, GA, IA, KY, LA, MD, MS, NV, NJ, NM, NC, OR, PA, SC, TX, VA, WA, WV.

	NAME	STREET	CITY	COUNTY	STATE ZIP	OWN/RENT
1) Principal Place of Business: Landlord (If Rent):	_____	_____	_____	_____	_____	_____
2) Other Location: Landlord (If Rent):	_____	_____	_____	_____	_____	_____
3) Other Location: Landlord (If Rent):	_____	_____	_____	_____	_____	_____
4) Other Location: Landlord (If Rent):	_____	_____	_____	_____	_____	_____

HAS A VOLUNTARY OR INVOLUNTARY BANKRUPTCY PETITION BEEN FILED BY OR AGAINST THE DEALER APPLICANT? Yes No

DEALER BANK ACCOUNTS:

	BANK	ADDRESS	TELEPHONE	ACCOUNT NO.	CONTACT PERSON
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

LARGEST CREDITORS:

	NAME	ADDRESS	TELEPHONE	ACCOUNT NO.	CONTACT PERSON
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____

INSURANCE INFORMATION:

Are you interested in a competitive insurance program for all of your inventory? You may call 1-800-365-6448 to receive a quote from Lyndon Property Insurance Co..

List your current:	
Agency:	Broker/Agent:
Address:	Phone: ()
Insurance Company:	Policy #:

PERSONAL GUARANTORS:

NAME	HOME ADDRESS/PHONE#	SOCIAL SECURITY NO.	CO-GUARANTOR'S NAME* & SOCIAL SECURITY NO.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

*Marital assets for community property state residents and jointly owned assets will not be considered in evaluating a guarantor's individual credit. If such credit is insufficient, a co-guarantor or other credit support may be required. Please list any that you intend to offer.

PRINCIPALS:

	Enclosed	If Not, Explain
Resumes will be required if current ownership of business is less than three years.	<input type="checkbox"/>	_____

FINANCIAL INFORMATION:

Please provide the following financial information to GE Commercial Distribution Finance Corporation:

1) Interim financial statement, current & comparable prior year	<input type="checkbox"/>	_____
2) Last two fiscal year end financial statements	<input type="checkbox"/>	_____
3) Personal financial statement(s) from each principal	<input type="checkbox"/>	_____
4) Corporate guarantor's financial statement(s)	<input type="checkbox"/>	_____
5) Business Plan (if available)	<input type="checkbox"/>	_____

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.

ALL OFFICERS, PARTNERS OR PROPRIETORS ARE REQUIRED TO SIGN

DEALER APPLICANT NAME: _____

AUTHORIZED BY: _____ DATE: _____

TITLE: _____

ADDITIONAL PRINCIPAL OR GUARANTOR'S NAME: _____

SIGNATURE: _____ DATE: _____

ADDITIONAL PRINCIPAL OR GUARANTOR'S NAME: _____

SIGNATURE: _____ DATE: _____

ADDITIONAL PRINCIPAL OR GUARANTOR'S NAME: _____

SIGNATURE: _____ DATE: _____