

# Dealer Application



This credit application may be used for application to GE Commercial Distribution Finance Corporation – Motorsports Division

**PROVIDE PRODUCT & CREDIT LINE REQUEST BELOW: [PLEASE PRINT]**

**Requested Credit Lines** \_\_\_\_\_

**Product Lines** \_\_\_\_\_

**Dealer Information: [PLEASE PRINT]**

Legal Business Name of Dealer \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

State Organization ID # \_\_\_\_\_

DBA Name \_\_\_\_\_

Fiscal Year End \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Year Business Established \_\_\_\_\_

Key Contact Name \_\_\_\_\_

Years Under Present Owner \_\_\_\_\_

Address \_\_\_\_\_

State of Incorporation or residence \_\_\_\_\_

City \_\_\_\_\_

E-Mail Address \_\_\_\_\_

State, Zip \_\_\_\_\_

Business Website Address \_\_\_\_\_

Property Information: Own ☐ Rent ☐

Insurance Agent \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Agent's Phone # \_\_\_\_\_

Contact \_\_\_\_\_

Amount of Coverage \_\_\_\_\_ Renewal Date \_\_\_\_\_

Phone # \_\_\_\_\_

☐ have ☐ do not have property and casualty motorsports dealers insurance in the amount of the requested credit line.

**Additional Location(s) where inventory will be stored:**

Address \_\_\_\_\_

Contact & Phone \_\_\_\_\_

City \_\_\_\_\_

State, Zip, County \_\_\_\_\_

Address \_\_\_\_\_

Contact & Phone \_\_\_\_\_

City \_\_\_\_\_

State, Zip, County \_\_\_\_\_

**Entity Requirements: [PLEASE PRINT]**

**Business Type:** ☐ Corporation ☐ Sole Proprietorship ☐ Limited Liability Company ☐ General Partnership ☐ Limited Partnership

**CORPORATION / Provide Names Of Company Officers**

President \_\_\_\_\_

Secretary \_\_\_\_\_

**PLEASE PROVIDE ARTICLES OF INCORPORATION**

**PROPRIETORSHIP / Provide Name(s) of Owners**

Owner \_\_\_\_\_

Owner \_\_\_\_\_

**PLEASE PROVIDE TAX RETURN**

**LIMITED LIABILITY COMPANY / Provide Names of Members**

Member \_\_\_\_\_

Member \_\_\_\_\_

**PLEASE PROVIDE OPERATING AGREEMENT**

**PARTNERSHIP / Provide Names of Partners**

Partner \_\_\_\_\_

Partner \_\_\_\_\_

**PLEASE PROVIDE PARTNERSHIP AGREEMENT**

Has the Company and/or any principal filed bankruptcy? No ☐ Yes ☐

If YES, Please provide explanation on a separate sheet and attach.

Have you, your business or any officer or owner of business applied for credit with GE before?

Yes ☐ No ☐

**Bank Information: [PLEASE PRINT]**

Bank Name \_\_\_\_\_

Phone # \_\_\_\_\_

Contact \_\_\_\_\_

City, State \_\_\_\_\_

Checking \_\_\_\_\_

Checking Acct # \_\_\_\_\_

**Other established business accounts:**

☐ Savings

☐ Floor Plan Line

☐ Working Capital Line

☐ Term Loan

Bank Name \_\_\_\_\_

Phone # \_\_\_\_\_

Contact \_\_\_\_\_

City, State \_\_\_\_\_

Checking \_\_\_\_\_

Checking Acct # \_\_\_\_\_

**Other established business accounts:**

☐ Savings

☐ Floor Plan Line

☐ Working Capital Line

☐ Term Loan

**Inventory Finance Company Information: [PLEASE PRINT]**

Name _____	Phone # _____	Contact _____
City, State _____	Account # _____	Credit Line Amount _____
Brands Financed _____		

Name _____	Phone # _____	Contact _____
City, State _____	Account # _____	Credit Line Amount _____
Brands Financed _____		

Name _____	Phone # _____	Contact _____
City, State _____	Account # _____	Credit Line Amount _____
Brands Financed _____		

**Principal Information: Complete Name and Addresses Needed. No P.O. Box #'s [PLEASE PRINT]**

First, Middle, Last _____	Social Security # _____
Home Address _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone # _____
City, State, Zip _____	OWNERSHIP % _____ Title _____
Prior Business Occupation & # of years _____	

First, Middle, Last _____	Social Security # _____
Home Address _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone # _____
City, State, Zip _____	OWNERSHIP % _____ Title _____
Prior Business Occupation & # of years _____	

First, Middle, Last _____	Social Security # _____
Home Address _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone # _____
City, State, Zip _____	OWNERSHIP % _____ Title _____
Prior Business Occupation & # of years _____	

First, Middle, Last _____	Social Security # _____
Home Address _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone # _____
City, State, Zip _____	OWNERSHIP % _____ Title _____
Prior Business Occupation & # of years _____	

**(Note: If additional Principals or Officers, please list on a separate page and attach)**

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 Dealers, 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, MEMBERS, PROPRIETORS OR PARTNERS ARE REQUIRED TO SIGN AT BOTTOM**

Dealer Signature _____	Date _____
Print Name _____	Title _____

Principal Signature _____	Date _____
Print Name _____	Title _____

Principal Signature _____	Date _____
Print Name _____	Title _____

Principal Signature _____	Date _____
Print Name _____	Title _____