

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 # _____
DBA Name _____	State Organization ID # _____
Phone # _____	Fiscal Year End _____
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 <input type="checkbox"/> Rent <input type="checkbox"/>	Insurance Agent _____
Name of Landlord _____	Agent's Phone # _____
Contact _____	Amount of Coverage _____ Renewal Date _____
Phone # _____	<input type="checkbox"/> have <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	
CORPORATION / Provide Names Of Company Officers	
President _____	Member _____
Secretary _____	Member _____
PLEASE PROVIDE ARTICLES OF INCORPORATION	
PROPRIETORSHIP / Provide Name(s) of Owners	
Owner _____	Partner _____
Owner _____	Partner _____
PLEASE PROVIDE TAX RETURN	
LIMITED LIABILITY COMPANY / Provide Names of Members	
PLEASE PROVIDE OPERATING AGREEMENT	
PARTNERSHIP / Provide Names of Partners	
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: <input type="checkbox"/> Savings	<input type="checkbox"/> Floor Plan Line	<input type="checkbox"/> Working Capital Line	<input type="checkbox"/> Term Loan
Bank Name _____	Phone # _____	Contact _____	
City, State _____	Checking _____	Checking Acct # _____	
Other established business accounts: <input type="checkbox"/> Savings	<input type="checkbox"/> Floor Plan Line	<input type="checkbox"/> Working Capital Line	<input type="checkbox"/> 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 _____