



GE
Capital Solutions

Recreational Vehicle Group
2625 South Plaza Drive, Suite 201
Tempe, AZ 85282
T 800-289-4488
F 480-829-3963

DEALER FINANCING APPLICATION CHECKLIST

Thank you for your interest in GE 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 below checklist of items, to:

GE Commercial Distribution Finance
Attention: O/C Team
2625 S. Plaza Drive, Suite 201
Tempe, AZ 85282
FedEx # 208672916

- ____ 1. Completed Dealer Application signed by **all** dealer principals (form attached).
- ____ 2. Most recent Personal Financial Statement for **all** principals and guarantors (form attached).
- ____ 3. Fiscal year-end financial statements for **past two years**. **
** if business is only one year old, submit the last fiscal year-end financial statement and a current interim statement.
** if business is less than one year old, please see #9 - 12.
 - CPA prepared statements or Tax Returns are preferred.
 - Statements should include balance sheets, profit and loss statements, and supporting footnotes.
 - If the most recent fiscal year-end statement is more than six months old, please include the latest interim financial statement along with an interim statement for the same period for the prior year.
- ____ 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. Authorization for Credit Information Release form with both business **and** personal sections completed for all guarantors and their spouses (form attached).
- ____ 7. Copy of Insurance Certificate showing current coverage (open lot, inventory or dealer physical damage limit).
- ____ 8. Clear and legible copy of Driver's License for **all** principals, guarantors and their spouses.

Businesses less than one year old also need to submit the following (templates attached if needed):

- ____ 9. Opening Balance Sheet – in place of #3 above.
- ____ 10. Annual sales and profit projections – in place of #3 above.
- ____ 11. Business Plan.
- ____ 12. Resumes of key personnel's industry experience.



Dealer Application

PROVIDE PRODUCT AND CREDIT FACILITY REQUEST BELOW: (PLEASE PRINT)

Requested Credit Amount _____ Product _____

Dealer Information: (PLEASE PRINT)

Legal Business Name of Dealer _____
DBA Name _____
Phone # _____ Fax # _____
Key Contact Name _____
E-Mail Address _____
Address _____
City _____
State, Zip, County _____
Property Information: Own [] Rent []
Name of Landlord _____
Contact _____
Phone # _____

Federal Tax ID Number _____
State Organization ID _____
State of Incorporation or Residence _____
Fiscal Year End _____
Year Business Established _____
Years Under Present Owner _____
Business Website Address _____
Insurance Company _____
Agent's Phone # _____
Amount of Coverage _____ Renewal Date _____
I [] have [] do not have property and casualty coverage in the amount of the requested credit.

Transactions:

_____ % In store _____ % Internet _____ % Other Explain: _____

Additional Location(s) where inventory will be stored:

Address _____ Own [] Rent [] Name of Landlord _____
City _____ State, Zip _____ Contact & Phone #: _____
Address _____ Own [] Rent [] Name of Landlord _____
City _____ State, Zip _____ Contact & Phone #: _____

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

LIMITED LIABILITY COMPANY / Provide Names of Members
Member _____
Member _____
PLEASE PROVIDE ARTICLES OF FORMATION AND OPERATING AGREEMENT

PROPRIETORSHIP / Provide Name(s) of Owners
Owner _____
Owner _____
PLEASE PROVIDE TAX RETURN

PARTNERSHIP / Provide Names of Partners
Partner _____
Partner _____
PLEASE PROVIDE PARTNERSHIP AGREEMENT

Has the Company and/or any principal filed bankruptcy? Yes [] No [] 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 any GE entity before? Yes [] No []

Bank Information: (PLEASE PRINT)

Bank Name _____ Phone # _____ Contact _____
City, State _____ Checking Acct # _____ Checking Acct # _____
Other established business accounts: Savings Floorplan Line Working Capital Line Term Loan

Bank Name _____ Phone # _____ Contact _____
City, State _____ Checking Acct # _____ Checking Acct # _____
Other established business accounts: Savings Floorplan Line Working Capital Line Term Loan

Attach a Copy of a Voided Check

Financial Information Section: (PLEASE PRINT)

Interim Statements Enclosed If not, explain: _____
Last 2 Fiscal Year-End Statements Enclosed If not, explain: _____
Guarantor's Financial Statements Enclosed If not, explain: _____
Principals and/or Stockholders Enclosed If not, explain: _____

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 and Officer Information: Complete Names and Addresses Needed. No P.O. Box #'s (PLEASE PRINT)

First, Middle, Last _____ Social Security # _____
Home Address _____ Own Rent Phone # _____
City, State, Zip _____ OWNERSHIP % _____ Title _____
Prior Business Occupation & # of Years _____

First, Middle, Last _____ Social Security # _____
Home Address _____ Own Rent Phone # _____
City, State, Zip _____ OWNERSHIP % _____ Title _____
Prior Business Occupation & # of Years _____

First, Middle, Last _____ Social Security # _____
Home Address _____ Own Rent Phone # _____
City, State, Zip _____ OWNERSHIP % _____ Title _____
Prior Business Occupation & # of Years _____

First, Middle, Last _____ Social Security # _____
Home Address _____ Own Rent 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 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.

By submitting this Application, Dealer agrees that CDF may share any and all Dealer information provided or obtained in connection with this Application, including any Dealer financial information provided to or obtained by CDF, with CDF affiliates 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.

Dealer authorizes and permits CDF or its affiliates to send email and/or fax communications to Dealer to the email address(es) and fax number(s) listed in the Dealer Information section of this application (or to any email addresses or fax numbers Dealer may provide in the future) regarding any credit financing relationship or other matters.

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: _____



PERSONAL FINANCIAL STATEMENT

(DO NOT USE FOR BUSINESS)

AS OF _____ 20__

NAME _____ ADDRESS _____

EMPLOYED BY _____ YEARS _____ POSITION _____

IF EMPLOYED LESS THAN 1 YEAR, PREVIOUS EMPLOYER _____

TO: GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION

The undersigned, for the purpose of procuring and establishing credit from time to time with you and to induce you to permit the undersigned to become indebted to you on notes, endorsements, guaranties, overdrafts or otherwise, furnishes the following (or in lieu thereof the attached) which is the most recent statement prepared by or for the undersigned as being a full, true and correct statement of the financial condition of the undersigned on the date indicated and agrees to notify you immediately of the extent and character of any material change in said financial condition, and also agrees that if the undersigned or any endorser or guarantor of any of the obligations of the undersigned, at any time fails in business or becomes insolvent, or commits an act of bankruptcy, or dies, or if a writ of attachment, garnishment, execution or other legal process be issued against property of the undersigned or if any assessment for taxes against the undersigned, other than taxes on real property, is made by the federal or state government or any department thereof, or if any of the representations made below prove to be untrue, or if the undersigned fails to notify you of any material change as above agreed, or if such change occurs, or if the business, or any interest wherein, of the undersigned is sold, then and in such case, all of the obligations of the undersigned to you or held by you shall immediately be due and payable, without demand or notice. This statement shall be construed by you to be a continuing statement of the condition of the undersigned, and a new and original statement of all assets and liabilities upon each and every transaction in and by which the undersigned hereafter becomes indebted to you, until the undersigned advises in writing to the contrary.

ASSETS	DOLLARS	CENTS	LIABILITIES	DOLLARS	CENTS
Cash in			Notes payable (To whom)		
Cash in			Notes payable (To whom)		
IRA / 401K /Other Retirement Accounts			Accounts payable		
Marketable Securities – Stocks & Bonds (Schedule B)			Taxes payable		
Notes Receivable- Good			Contracts payable (To whom)		
Cash Surrender Value Life Insurance			Contracts payable (To whom)		
Real Estate (Schedule A)			Real Estate indebtedness (Schedule A)		
Other Assets (describe)			Other Liabilities (describe)		
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH				

ANNUAL INCOME	ANNUAL EXPENDITURES (Excluding Ordinary Living Expenses)
Salary _____	Real Estate payment _____
Rent _____	
Securities Income _____	Income Taxes _____
Rentals _____	Insurance Premiums _____
Other (describe) _____	Property Taxes _____
1. _____	Other (describe - include installment payments other than real estate)
2. _____	1. _____
3. _____	2. _____
4. _____	3. _____
5. _____	4. _____
TOTAL INCOME _____	TOTAL EXPENDITURES _____
LESS - TOTAL EXPENDITURES _____	

What assets in this statement are in joint tenancy? _____ Name of other party _____

Have you filed homestead? _____

Are you a guarantor on anyone's debt? _____ If so, give details _____

Any other contingent liabilities? _____ If so, explain _____

Are any encumbered assets or debts secured except as indicated? _____ If so, please itemize by debt and security _____

Do you have any other business connections? _____ If so, give details _____

Are there any suits or judgments pending against you? _____ Any pending? _____

Have you gone through bankruptcy or compromised a debt? _____

Have you made a will? _____ Number of Dependents _____

SCHEDULE A - REAL ESTATE

LOCATION AND TYPE OF IMPROVEMENT	TITLE IN NAME (S) OF	COST	PRESENT VALUE	AMOUNT OWING	DATE PUR'D	MATURITY DATE	MO PMNT AMOUNT	TO WHOM PAYABLE

SCHEDULE B - MARKETABLE SECURITIES: STOCKS & BONDS

DESCRIPTION	CURRENT MARKET VALUE
	\$

[If additional space is needed for schedule A and/or Schedule B, list on separate sheet and attach.]

INSURANCE

Life Insurance \$ _____ Name of Company _____ Beneficiary _____

The undersigned certifies that the above statement (or in lieu thereof the attached statement, as the case may be) and supporting schedules, both printed and written, give a full, true, and correct statement of the financial condition of the undersigned as of the date indicated. The undersigned authorizes GE Commercial Distribution Finance Corporation to investigate the personal credit history of the undersigned and to obtain credit bureau reports on the undersigned from time to time at GE Commercial Distribution Finance Corporation's sole discretion.

Signature _____ Date _____

AUTHORIZATION FOR CREDIT INFORMATION RELEASE

BUSINESS

The undersigned business authorizes GE Commercial Distribution Finance to investigate our credit history, obtain credit and financial information from others, and to obtain credit bureau reports, from time to time.

Legal name and address of Business
(Please print)

Signature: _____

Date: _____

Title: _____

Officer/Partner/Owner

PERSONAL

Business Principal I

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____

Home Address: _____

Spouse I

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____

Make additional copies as needed

PERSONAL

Business Principal II

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____

Home Address: _____

Spouse II

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____

Cut to separate form if needed

PERSONAL

Business Principal III

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____

Home Address: _____

Spouse III

I, _____, authorize **GE Commercial Distribution**
(Print full legal name)

Finance to investigate my personal credit history and to obtain credit bureau reports from time to time.

Signature Date

Social Security Number: _____