



Credit Application

Fax: 800-543-2499

Phone: 800-543-7516

Dealer Name	Location: City/State
Contact:	PH #:
	Fax #:

Italicized sections are required for credit review

Legal Name:		Date of Birth (Individuals)		DBA:	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Sub S <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ Tax Exempt Number _____					
State-issued Organization # (not tax ID#):			State of Organization or state of legal residence for individuals:		
SOC SEC #	TAX ID #	Type of Bus.	Yrs in Bus.	E-Mail address	
Primary Legal/CEO Address: Street		City	County	State	Zip
Physical Equipment Location: Street		City	County	State	Zip
Billing Address: Street (if different from above)		City	County	State	Zip
Phone #	Fax #	Mobile Phone #	Contact Name		
Owner/Guarantor: Name	Title	Home Address	Home PH #	Social Security #	Date of Birth Ownership %
Owner/Guarantor: Name	Title	Home Address	Home PH #	Social Security #	Date of Birth Ownership %

Have you previously done business with GE Capital Commercial Inc.? No Yes If yes, Acct # _____
 List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

IMPORTANT INFORMATION ABOUT ESTABLISHING AN ACCOUNT WITH GE CAPITAL

To help the Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, and other information that will allow us to identify you. We may also ask to see identifying documents.

The information given is true and complete. GE Capital Commercial Inc. and its affiliates, any other lenders designated by any of the foregoing ("Designees"), any other lenders designated by any such Designees (collectively "GE Capital") may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's account and credit experience and Applicant authorizes any person to release to GE Capital credit experience and account information on Applicant. Applicant authorizes the release and disclosure to any of the foregoing lenders any and all information provided by Applicant to any of such lenders, including without limitation this credit application, financial statements and organizational documents. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by GE Capital, or any person requested to release such information to GE Capital. Applicant and any person signing below each agrees that a credit report bearing on Applicant's and/or such other person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or way of living may be requested in connection with this application. Upon Applicant's and/or such other person's request, GE Capital will advise Applicant and/or such other persons, as applicable, whether a credit report was requested and if such a report was requested GE Capital, as applicable, will inform Applicant and/or such other person, as applicable, of the name and address of the credit reporting agency that furnished the report.

Applicant Signature _____ Title _____ Date _____
 Guarantor Signature _____ Title* _____ Date _____
 Guarantor Signature _____ Title* _____ Date _____

**If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" on Title line. If individual guarantor, show "Individual" on Title line.*

EQUIPMENT

Qty	N/U	Year	Manufacturer/ Model	Serial #	Price	Residual	Payment	Maintenance

Other Detail: Attachments, etc.:

Trade Detail: Qty:	Year	Manufacturer	Model	Dealer Allowance	Lienholder	Payoff
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CIRCLE ONE <input type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL PLEASE NOTE SPECIFIC FINANCE PROGRAM OR TYPE OF SALE, LEASE OR RENTAL REQUESTED AND ANY OTHER DETAILS: _____ _____ _____	Terms: # of Months _____ # of Adv. Pmts. _____ Circle Skip Months: J F M A M J J A S O N D Other: _____ _____	Total Sales Price \$ _____ Net Trade - _____ Cash Down - _____ Taxes + _____ Fees + _____ Phys. Dam. Ins. + _____ Finance Amount \$ _____ Total Payment \$ _____
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DO YOU WANT PHYSICAL DAMAGE INSURANCE (retail contracts only) YES Please Circle Deductible \$500 \$1,000 \$2,500