

Required items in bold italics. Personal information required if in business 5 years or less, or if 20 employees or less.

Customer and Billing Information

Company Legal Name _____ Phone No. _____

Tradestyle _____ D&B # _____ Federal Tax ID # _____

Billing Address _____ City _____ State _____ Zip _____

Equipment Address _____ City _____ State _____ Zip _____

Years in Business _____ No. of employees _____ Business Description _____ State of Incorp _____

Type of Business S-Corp Non-Profit Sole Proprietor Partnership Corporation Government

Parent Company Name _____ City _____ State _____ Zip _____

Personal Information of Proprietor, Partners or Major Shareholders

Principal Name _____ Title _____ Soc. Sec. No. _____

Home Address _____ City _____ State _____ Zip _____

Principal Name _____ Title _____ Soc. Sec. No. _____

Home Address _____ City _____ State _____ Zip _____

Bank/Lease References

Name of Bank _____ Checking Account No. _____

Phone No. _____ Contact _____ Loan Account No. _____

Leasing Company _____ Phone No. _____ Account No. _____

Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Authorization for Disclosure of Business Credit Information

Applicant hereby authorizes the release of credit information to GE Capital or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Authorization for Disclosure of Personal Credit Information

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to GE Capital or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature _____
(Authorized Representative of Credit Applicant)

Name _____ Date _____
(Please Print Name)

Signature _____
(An Individual)

Name _____ Date _____
(Please Print Name)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact CREDIT OPERATIONS, GE CAPITAL CORPORATION, 1961 Hirst Drive, Moberly, MO 65270 or call (800-821-3271) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

FOR VENDOR USE ONLY

Vendor Name _____

Vendor Number _____

Contact _____

Phone No. _____

Term of Agreement _____

Payment Factor _____

Amount of Each Payment _____

Security Deposit(s) 0 1 2 Other

Purchase Option FMV \$1 10%

Lease Type Lease CPC Rental

Equipment Description _____

New Used Refurbished Rebuilt
(by vendor) (by manufacturer)

Discontinued New Discontinued Used

Equipment Amount \$ _____

Upgrade Amount \$ _____

Total Cost \$ _____

May we contact customer if additional information is needed?

Yes No



GE Capital

**1961 Hirst Drive
Moberly, MO 65270**

**Phone: (800) 458-7149
Fax: (877) 870-9156**

Submit applications at www.gecapital-otfs.com