



A. BUSINESS INFORMATION – ALL FIELDS MUST BE COMPLETED!

GE RECORD# _____

Business Name / DBA (Doing Business As) Name:		<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Federal Tax ID # (EIN #):
Corporate or Legal Name (If different than above):			Years in Business: _____ Years
Business/DBA Physical Address :		Current Business Annual Sales \$ _____	Projected Sales Financed by GE \$ _____
City	ST	ZIP	Preferred Method Of Contact: Phone Fax Email
Business (DBA) Phone #:	Business (DBA) Fax #:	Business License # (as applicable)	Contractor License #
Primary Contact For Finance:		Email Address:	

If you have more than one location you would like to enroll, please complete Section D

B. PRINCIPAL INFORMATION (President, Owner, Managing Partner or Member)

Principal Name:	Principal Title:	Principal Social Security Number:
Principal Home Address (Street, City, State, Zip): Physical Address only.		Principal Home Telephone Number:
Preferred Method Of Contact: Phone Fax Email		Email Address:

Additional Owners, Principals, Officers, Partners or Members

Principal Name:	Principal Title:	Principal Social Security Number:
Principal Home Address (Street, City, State, Zip): Physical Address only.		Principal Home Telephone Number:
Principal Name:	Principal Title:	Principal Social Security Number:
Principal Home Address (Street, City, State, Zip): Physical Address only.		Principal Home Telephone Number:

C. PLEASE TELL US WHAT OTHER GE FINANCING PROGRAMS YOU ARE ENROLLED IN:

Program Name	Dealer/Merchant Number

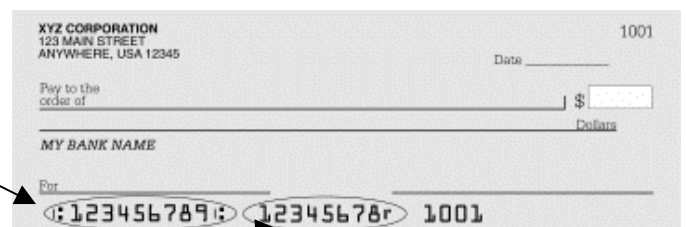
D. ADDITIONAL LOCATIONS:

Additional Location Name:		Additional Location Name:	
Location Address (Street, City, State, Zip):		Location Address (Street, City, State, Zip):	
Location Fax: () -	Location Phone: () -	Location Fax: () -	Location Phone: () -
Email Address:	Federal Tax ID # (EIN #):	Email Address:	Federal Tax ID # (EIN #):
Bank Transit # (if different):	Bank Account # (if different):	Bank Transit # (if different):	Bank Account # (if different):

E. BANKING INFORMATION:

Please list the account you would like your funding deposited to:

Bank Transit Number (See image to right):
Bank Account Number (See image to right):



Bank Account Number

F. PRODUCTS SOLD:

G. TERMS & CONDITIONS

This Business Application ("Application") is submitted to obtain merchant processing privileges on behalf of the person or entity listed in Section A hereof ("Applicant") and I/we (hereinafter the individuals signing below are referred as "I" or "my" or "me") certify that I have read the above provisions and all information provided herein is true and correct. I have the power and authority to execute and deliver this Application and to enter into and consummate the Business Agreement ("Business Agreement") on behalf of the Applicant, and I have been duly authorized to bind the Applicant, by my signature below, to the terms and conditions of the Business Agreement. The correct taxpayer identification number for the Applicant is provided in Section A. I acknowledge that this Application is subject to approval by GEMB.

By signing below, I authorize and/or confirm as follows:

- (i) I authorize GE Money Bank ("GEMB") or its agents, to retain possession of this Application, to rely on the information and statements herein to verify both my credit and employment history and the credit history of the Applicant and any of its other principals, officers, partners, or directors, to secure follow up credit reports, and to exchange information about the Applicant and this account with creditors, credit bureaus, and other proper persons;
- (ii) By submitting this Application, Applicant agrees that GEMB and GE Commercial Distribution Finance (GECDF), or their respective successors or assigns, may share any and all Applicant information provided or obtained in connection with this Application, including subsequent Applicant financial information provided to, or obtained by, either GECDF or GEMB and may use such information for all purposes in connection with the evaluation and administration of any credit facility requested by or provided to Applicant.
- (iii) I authorize the Applicant's bank and any other listed references to release and/or verify information to GEMB at any time;
- (iv) I authorize and permit GE Money Sales Finance and/or GEMB or its affiliates to send email and/or fax communications to the Applicant to the email address(es) and fax number(s) listed in Sections A, B & D (or to any email addresses or fax numbers the Applicant may provide in the future) regarding our consumer credit financing relationship or other matters; and
- (v) I certify, represent, and acknowledge that the Applicant has agreed to abide by the terms and conditions of the Business Agreement and that if and when GEMB approves this Application, upon receipt of notice of such approval, the Applicant will, without further action, be bound to the terms and conditions of the Business Agreement (including the terms and conditions of the programs for which Applicant is deemed eligible to participate from time to time) and any operating guides which shall be issued by GEMB from time to time.
- (vi) I certify, represent and warrant that this Application has been duly executed and delivered by me on behalf of the Applicant, and that the execution and delivery of this Application and the consummation of the transactions contemplated by the Business Agreement have been authorized by all necessary corporate action and do not and will not conflict with the organizational documents of the Applicant.

W-9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

You **must** cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.



Carefully read the Business Agreement and the Signature Statement above prior to signing this Application, since your signature below will bind the Applicant to such Business Agreement.

Each of the undersigned hereby certifies that he/she has read the Signature Statement above, that the statements therein are true and correct, and that he/she is authorized by the Applicant to sign this Application and to bind the Applicant, by his/her signature below, to the terms and conditions of the Business Agreement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By: **X** _____

Authorized Signature

Date

To enroll, please return to your GE Money Sales Representative at the fax number they have provided.

For Office Use Only:

Unit: _____

RPL	R	F	CC	S	G	P		STG	IPL	RE	US
RPL+	R	F	P	NP	S	G	P	LSCP	STG	Team	Direct