



BGE Financial Corporation
 PO Box 1051, Champaign IL 61824-1051
 217-351-7380 217-351-6380 Fax bgefinancial.com

DEALER CREDIT APPLICATION

Dealer Information

Dealer Name _____ Federal ID # _____
 DBA _____ Phone _____ Fax _____
 Address _____ City _____
 State _____ ZIP _____ Web Address _____

Corporation (State of Incorporation _____) Partnership
 LLC (Operating Agreement Filed in State of _____) Proprietorship

Ownership/Management

Contact _____ Title _____ SS# _____ Ownership % _____ %
 Home Address _____ Phone _____
 City _____ State _____ Zip _____
 E-Mail _____

Additional Principals: _____ SS# _____ Ownership % _____ %
 _____ SS# _____ %
 _____ SS# _____ %

Credit References

Bank _____ City _____ State _____
 Check Account # _____ Contact _____ Phone _____

Vendors	Dealer #	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information

O Yes O No Are there any delinquent taxes of any kind owed by the business or any guarantor: If so, please provide amount and agency owed. _____

- Yes No Is the business for sale or under agreement that would change the ownership of the business?
- Yes No Is the business or guarantor party to any claim, judgement or lawsuit?
- Yes No Has the business or any of its management or owner's been involved in any bankruptcy or insolvency proceedings?

LOAN REQUEST \$ _____ TERM REQUESTED _____

The information contained in this application is provided to induce BGE Financial Corporation to extend credit to the undersigned. The undersigned acknowledges and understands that BGE is relying on the information provided in this application and accompanying documents to make a credit decision. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. BGE is hereby authorized to make all inquiries, including obtaining consumer credit reports, deemed necessary to verify the accuracy of the information provided and to determine the credit-worthiness of the undersigned. Each of the undersigned also authorizes you to answer inquiries about your credit experience with the undersigned.

Company _____

By _____

Name _____ Title _____ Date _____

Additional Guarantors:

By _____

Name _____ Date _____

By _____

Name _____ Date _____

By _____

Name _____ Date _____

Please complete, print and sign. Email completed application to info@bgefinancial.com or mail to BGE Financial, PO Box 1675, Champaign, IL 61824-1675.