

**BGE Financial Corporation**

PO Box 1051, Champaign IL 61824-1051

217-351-7380 217-351-6380 Fax [bgefinancial.com](http://bgefinancial.com)**DEALER CREDIT APPLICATION****Dealer Information**

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

Corporation (State of Incorporation \_\_\_\_\_)

LLC (Operating Agreement Filed in State of \_\_\_\_\_)

Partnership

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](mailto:info@bgefinancial.com) or mail to BGE Financial, PO Box 1675, Champaign, IL 61824-1675.