

GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER



SVM BUSINESS INFORMATION UPDATE

FORM MUST BE COMPLETED ELECTRONICALLY, NO HANDWRITTEN FORMS WILL BE ACCEPTED
ELECTRONIC SIGNATURE PROCESS IS REQUIRED

EMAIL SVM.mailbox@gm.com

This SVM Business Information Update Form is submitted as part of the Specialty Vehicle Manufacturer (SVM) Converters Agreement and is current as of the dated signature block at the end of the form.

SVM BUSINESS PROFILE

SVM ENTITY LEGAL NAME _____

SVM DBA NAME (If Applicable) _____

CORPORATION

STATE OF INCORPORATION

LIMITED LIABILITY COMPANY (LLC)

OTHER (Specify) _____

NAMES OF OWNERS AND RESPECTIVE SHARES

NAME OF OWNERS

(All individuals, beneficiaries of trusts or other entities owning an equity interest in SVM.)

TITLE

PERCENTAGE OF OWNERSHIP

NAME OF OWNERS (All individuals, beneficiaries of trusts or other entities owning an equity interest in SVM.)	TITLE	PERCENTAGE OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SVM PRINCIPAL LEADERSHIP

NAME

TITLE

PHONE NO.

EMAIL ADDRESS

NAME	TITLE	PHONE NO.	EMAIL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER



SVM BUSINESS INFORMATION UPDATE

FORM MUST BE COMPLETED ELECTRONICALLY, NO HANDWRITTEN FORMS WILL BE ACCEPTED
ELECTRONIC SIGNATURE PROCESS IS REQUIRED

EMAIL SVM.mailbox@gm.com

GENERAL MANAGEMENT CONTACT INFORMATION

NAME _____ CELL PHONE _____
EMAIL ADDRESS _____ OFFICE PHONE _____
STREET ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME _____ CELL PHONE _____
EMAIL ADDRESS _____ OFFICE PHONE _____
STREET ADDRESS _____ FAX NO. _____
CITY _____ STATE _____ ZIP _____

KEY SVM CONTACTS

	CHASSIS COORDINATOR	SALES CONTACT	ENGINEERING CONTACT	WARRANTY- QUALITY CONTACT
CONTACT NAME	_____	_____	_____	_____
EMAIL ADDRESS	_____	_____	_____	_____
CELL PHONE NO.	_____	_____	_____	_____
LAND LINE INCL. EXT.	_____	_____	_____	_____
STREET ADDRESS	_____	_____	_____	_____
CITY	_____	_____	_____	_____
STATE	_____	_____	_____	_____
ZIP	_____	_____	_____	_____

GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER



SVM BUSINESS INFORMATION UPDATE

FORM MUST BE COMPLETED ELECTRONICALLY, NO HANDWRITTEN FORMS WILL BE ACCEPTED
ELECTRONIC SIGNATURE PROCESS IS REQUIRED

EMAIL SVM.mailbox@gm.com

“SHIP TO” LOCATION DETAIL

The location(s) listed below shall be the only location(s) authorized for GM to ship Vehicles (Ship to Location(s)). GM will only ship Vehicles directly to the location(s) listed below.

LIST THE FULL ADDRESS OF EACH LOCATION CURRENTLY USED BY THE SVM WHICH GM SHIPS TO:	SHIP-TO (Y/N)	BILL-TO (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any and All changes in the SVM’s Authorized Locations listed above must be approved by GM pursuant to the GM SVM Converters Agreement. Any changes, additions or deletions agreed upon by GM and SVM must be reflected in writing in a substitute Exhibit A, executed by the SVM and GM.

SIGNATURE

The SVM Business Information Update Form has been completed as required by the SVM Converters Agreement, Article 14.1 (13.1 Motor Home).

MANUFACTURER NAME _____

SIGNATURE **X** _____

PRINTED NAME _____

TITLE _____