



Fleet

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

SVM PRINCIPAL LEADERSHIP

NAME	TITLE	PHONE NO.	EMAIL ADDRESS



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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	_____	_____	_____	_____

