



-Est 1982- **Nationwide Funding for Vehicles & Equipment**  
**... a Fundtastic Experience Guaranteed!**

65 Washington St. Suite 214  
 Santa Clara, CA 95050  
 (888) 331-9781  
 Fax: (408) 608-1774  
 E-mail: Contact@gpdcsi.com

**SECTION A APPLICANT INFORMATION** *Please type or print clearly*

Complete Legal Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Company Website \_\_\_\_\_ US Citizen? \_\_\_\_\_  
 Date Present Business Started \_\_\_\_\_ No. of Employees \_\_\_\_\_ Principle Business Activity \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 (Check One) \_\_\_\_\_ Corporation – Date of Incorporation \_\_\_\_\_ || \_\_\_\_\_ Partnership \_\_\_\_\_ General \_\_\_\_\_ Sole Proprietorship  
 State of Incorporation \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ In "Good Standing"? \_\_\_\_\_

Management or Owners of the Business:	Social Security # / Birth Date	Title	Ownership
1. _____ Address _____ Home Phone #: _____	_____/_____ City _____ Cell #: _____	_____ State _____ US Citizen _____	_____% Zip _____ Yes No Circle
2. _____ Address _____ Home Phone #: _____	_____/_____ City _____ Cell #: _____	_____ State _____ US Citizen _____	_____% Zip _____ Yes No Circle

**SECTION B CREDIT INFORMATION**

REFERENCES – List full Name and Address of Major Suppliers, Banks AND Insurance Agent Information:

1. NAME: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

4. NAME: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

**\*\*\*INSURANCE AGENT INFORMATION:**  
 NAME: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 State your Liability Coverage: \_\_\_\_\_

1. BANK: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

2. BANK: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

Checking Account #: \_\_\_\_\_  
 Loan #: \_\_\_\_\_  
 Loan Balance \$ \_\_\_\_\_

Checking Account #: \_\_\_\_\_  
 Loan #: \_\_\_\_\_  
 Loan Balance \$ \_\_\_\_\_

**SECTION C SIGNATURES**

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to GPD Capital Services, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

**X** \_\_\_\_\_  
 Applicant Signature Date

**X** \_\_\_\_\_  
 Applicant Signature Date