



-Est 1982- **Nationwide Funding for Vehicles & Equipment**
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65 Washington St. Suite 214
 Santa Clara, CA 95050
 (888) 331-9781
 Fax: (408) 608-1774
 E-mail: Contact@gpdcsl.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”? _____

<u>Management or Owners of the Business:</u>	<u>Social Security # / Birth Date</u>	<u>Title</u>	<u>Ownership</u>
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

Has the Applicant, Beneficial owner(s), Guarantor(s), or Principal(s) of the applicant ever been convicted of a felony? Yes or No
 If Yes, please explain:

Has the Applicant, Beneficial owner(s), Guarantor(s), or Principal(s) of the applicant ever filed for bankruptcy? Yes or No
 If Yes, please explain:

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#: _____

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

2. BANK: _____
Phone #: _____ Fax #: _____
Contact: _____ Acct#: _____

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