



GM FINANCIAL

Supplier Profile

Please complete information below

Company		
Company Legal Name		
Doing business as (if applicable)		
Mailing Address:		
Parent Company	Mailing Address:	
	City	State Zip
Representative Contact Name:	Telephone:	E-mail:
Website:	Year Established:	# of Employees:
Tax ID #	D&B Number	
Type of Organization		
Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
S or C Corporation <input type="checkbox"/>		
Other <input type="checkbox"/> Please Explain:		
List all owners or shareholders with more than 25% ownership. Provide full name and % of ownership:		
AFFILIATED/HOLDING/SUBSIDIARY COMPANIES		
Name	Address	Nature of Affiliation
Does your company have a supplier diversity program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a Minority Business Enterprise <input type="checkbox"/> or Women Business Enterprise <input type="checkbox"/> ? If so, complete the following:		
<input type="checkbox"/>	Caucasian	
<input type="checkbox"/>	African American / Black	
<input type="checkbox"/>	Asian / Pacific Island	
<input type="checkbox"/>	Hispanic American	
<input type="checkbox"/>	Native American	
Are you certified by an agency or council? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COMPLETE IF CERTIFIED BY AGENCY - Certification As a Minority or Woman Owned Enterprise		
If applicable, indicate the agency from which your company has been certified as a minority or woman owned enterprise, and attach a copy of your certification.		
	Certification Expiration Date	Certificate Number
<input type="checkbox"/> NMSDC Affiliated Council		
<input type="checkbox"/> Women's Business Enterprise Nat'l Council		
Other Agency: _____		
Other Agency: _____		

Type of Business (please check).

Software Hardware Consultant Training Software as a Service (SaaS) Facilities HR/Benefits Staffing Agency

Other Please explain:

Describe in detail the services you provide:

Does your company transmit any data by receiving from or sending or to a client? Yes No

If so, list the data elements:

References

List top 10 customers and % of revenue they represent:

Provide 3 References			
Name	Service or Product	Contact Phone	Contact Email

The undersigned is an authorized signer for the company and hereby certifies that the information provided herein, including that on any attached pages is true and correct to the best of his/her knowledge.

Name	
Signature	
Title	
Date	

Return this form, completed and signed via email to: SupplierProgram@gmfinancial.com