

Business Information

Personal Information

Credit Application

(for commercial purposes only)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

Chris Winter, Geneva Capital LLC **f**: 320.762.8402 or **e**: chris@gogc.com

OR

COMPLETE OUR ONLINE FORM:



Equipment Cost \$			Equipment Description							Promo Code (optional)				
Legal Company Name (Date Established (Current Ownership)					Type of Business Sole Prop. Partnership (Circle one): Corporation LLC Oth								
Company Primary/Mailing Address					City				State		Zip			
Physical Location of Equipment - if different than above (No PO Boxes)					City				State		Zip			
Federal Tax ID #/ EIN (9-digits)			State Tax ID #/ Resale Permit #	Business Phone #						eferred Contact Method (Circle one): fice # Mobile # E-mail				
Primary Contact Name			Office #	Mobile #			E-mail Ad	ddress						
Own Business Location (Y/N) Landlord N			ıme			Landlord			Telephone #	elephone #				
	* If solely owned	, spousal ir	nformation is re c	quired on credit	applicatio	n. If busi	ness is closely held, c	credit is det	ermined based	upon jo	intly held asse	ts.		
	Applicant 1			Applicant 2					Applicant 3					
Name (First, M, Last)														
Home Street Address (No PO Boxes)			Own Rent				Own Ren						Own	
City, State, Zip														
Social Security #														
Date of Birth														
Mobile #														
Home Phone #														
E-mail Address														
% of Business Ownership														
Are you a US Citizen? (Y/N)														
If no, please list green card expiration date														
	X			X				X						
	Applicant Signature			Applicant Signature					Applicant Signature					
	Date			Date				Date						



Please submit a copy of your prior **3 months** bank statements with this application.

* You may submit bank statements separately if not readily available at the time of application. However, credit decision may be pending until received.

