

IN THESE **UNCERTAIN TIMES...**  
WE'LL REMAIN SOMETHING YOU CAN  
**COUNT ON.**

As a financial services provider, Geneva is considered an **Essential Business** amidst COVID-19 pandemic shutdowns. This means you will continue to receive the same **great service and support** you've come to expect from our team.

We know your sales environment probably looks **a lot different** than it did a few weeks ago. Based on industry-wide need, we created a **low payment promotion** for Q2, keeping **keeping much needed cash in your pocket.**

**\$99** a month  
**FOR 6 MONTHS!\***  
VALID NOW THRU JUNE 30TH, 2020



**APPLY NOW!**

visit [apply.gogc.com](https://apply.gogc.com)  
or complete form on reverse

\*Offer subject to credit and equipment approval and 2+ years in business. Valid on new transactions through 6/30/20 only. \$99/month for your first 6 months with regular payments beginning on month 7 of your lease term.



Financing powered by:  
**Geneva Capital** LLC



financing questions?

**Jeff Patterson**, Regional Sales Manager  
p (320) 759-3569 | [jeff@gogc.com](mailto:jeff@gogc.com)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

**Jeff Patterson**, Geneva Capital LLC  
f: 320.762.8402 or e: jeff@gogc.com

OR

COMPLETE OUR ONLINE FORM:

**APPLY NOW!**  
apply.gogc.com

<b>Equipment Cost</b>	Equipment Supplier & Description
\$	

Business Information


Legal Company Name (include dba name if applicable)		Date Established (Current Ownership)	Type of Business (Circle one):	
			Sole Prop. Corporation	Partnership LLC Other
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 #		Preferred Contact Method (Circle one):
				Office #   Mobile #   E-mail
Primary Contact Name		Office #	Mobile #	E-mail Address
Own Business Location (Y/N)	Landlord Name		Landlord Telephone #	

\* If solely owned, spousal information **is required** on credit application. If business is closely held, credit is determined based upon jointly held assets.

Personal Information

	Applicant 1	Applicant 2	Applicant 3
Name (First, M, Last)			
Home Street Address (No PO Boxes)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent
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.