



SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

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OR

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Equipment Cost \$ Equipment Description

Business Information

Legal Company Name, Date Established, Type of Business, Company Primary/Mailing Address, Physical Location of Equipment, Federal Tax ID #, State Tax ID #, Business Phone #, Preferred Contact Method, Primary Contact Name, Office #, Mobile #, E-mail Address, Own Business Location, 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

Table with 3 columns: Applicant 1, Applicant 2, Applicant 3. Rows include Name, Home Street Address, City, State, Zip, Social Security #, Date of Birth, Mobile #, Home Phone #, E-mail Address, % of Business Ownership, Are you a US Citizen?, If no, please list green card expiration date

Signature and Date lines for Applicant 1, Applicant 2, and Applicant 3

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.