

Applicant Signature

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Equipment Cost

## **Credit Application**

(for commercial purposes only)

Business Information Personal

Bank Statements\* SIGN & SUBMIT VIA FAX OR EMAIL TO:

Credit Release & Information Verification:

By signing this application the applicant(s) certifies that all information contained in this application, and all attachments

hereto, are true and accurate to the best of the applicant(s) knowledge and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize Geneva Capital L.L.C and its assigns to obtain and use consumer credit reports on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any government agency,

bank or financial institution to release credit information on the applicant(s) accounts to Geneva Capital L.L.C. and its assigns. If credit is extended, Applicant agrees that submitting an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. The applicant(s) further authorize Geneva Capital L.L.C. to mail, fax, text or e-mail solicitations of future lease

financing services to applicant.

## **Carey Kroll**

Geneva Capital LLC

f: 320.762.8402 or e: carey@gogc.com

(include dba name if applica	able)		T 10 ///					(Current	Ownership)		
Federal Tax ID #/         State Tax ID #/           EIN (9-digits)         Resale Permit #			Type of Business: (Circle one)  Sole Propi				orietorship   Partnership   Corporation   LLC   Oth				
Mailing Address				City				State	Zip		
Physical Location of Equipment - if different than above (No PO Boxes)				City				State	Zip		
Telephone # Mobile #			Mobile #	E-mail Address				ı	<u> </u>		
Preferred Method of Co (Circle one)	ntact: Business Ph	none   Mobile	Phone   Home Phon	e   E-mail	Primary (	Contact Nam	e				
Own Business Location (Y/N) Landlord			d Name			l			Landlord Telephone #		
	Applicant 1			Applicant 2				Applicant 3			
	* If Calaly away	d anaugal in	formation is nown	wad an aradit	t annlicat	ion III :		Pr. 5 - 1			
Name (First, M, Last)											
Home Street Address (No PO Boxes)											
City, State, Zip											
Home Phone #											
Social Security #											
Date of Birth											
% of Business Ownership											
Are you a US Citizen? (Y/N)											
If no, please list green card expiration date											

Date

Date

Date