## Geneva Capital LLC. Date Company Established (Under Current Ownership) Legal Company Name

Company Street Address			City				State	Zip	
Physical Location of Equipment (No PO Boxes)			City				State	Zip	
Telephone # Mobile #						Fax #			
E-mail Address							Federal Tax ID #		
Company Contact				Authorized Signor					
Own Business Location (Y/N) Landlord Name						Landlord	Telephone #		
Type of Business: Sole Proprietorship	Partnership	Co	rporation	LLC	Other	Equipme	nt Cost		
How did you hear about Geneva Capital?	🔲 goge	ing/Past Customer nevacapital.com I Promotion		Customer Re Tradeshow		Ē	Vendor Referral Vendor Website Other		

## Personal Information (Principals or Guarantors)

If business is closely held, credit is determined based upon jointly held assets. Spouse information is required with credit application.

	1	2	3
Name (First, M, Last)			
Home Street Address (No PO Boxes)			
City, State, Zip			
Home Phone #			
Social Security #			
Date of Birth			
% of Business Ownership			
Home Ownership (Y/N) Purchase Date			
Value of Property			
Est. Mortgage Balance			
Are you a US Citizen? (Y/N)			
If no, are you a perma- nent resident alien? (Y/N)			

Bank Reference	City/State	Phone	Fax	Account #	Date Opened

## 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 or e-mail solicitations of future lease financing services to applicant.

## \*To expedite the credit application process, submit bank statements for all business bank accounts for the last three months with the application.

X

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Geneva Capital, LLC **RETURN TO:** 

522 Broadway Street, Suite 4 • Alexandria, MN 56308 PH: 800.408.9352 • Fax: 800.284.3974 sales@gogenevacapital.com • www.gogenevacapital.com