

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!
cutworx.gogc.com

Business Information


Equipment Cost \$		Equipment Description					
Legal Company Name (include dba name if applicable)				Date Established (Current Ownership)		Type of Business (Circle one): Sole Prop. Partnership Corporation 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 _____ Applicant Signature	X _____ Applicant Signature	X _____ 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.