

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

Kate Thorson, Geneva Capital LLC
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OR

COMPLETE OUR ONLINE FORM:

APPLY NOW!
jusbfit.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** (cover pages showing ending balance only) 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.