



**Business** Information

Personal Information

**Bank** Statements\*

SIGN & SUBMIT VIA FAX OR EMAIL TO:

**Andrew Cavers** Geneva Capital LLC f: 320.762.8402 or e: andrew@gogc.com

1	Legal Company Name (include dba name if applicable)					Date Established (Current Ownership)		
Business Information	Federal Tax ID #/ EIN (9-digits)	State Tax ID #/ Resale Permit #		Type of Business: (Circle one) Sole Proprietorship   Partnership   Corporation   LLC   Other				
	Mailing Address		City		State	Zip		
	Physical Location of Equipment - if different than above (No PO Boxes)		City		State	Zip		
	Telephone # Mobile #		E-mail Address					
	Preferred Method of Contact: (Circle one) Business Phone   Mobile Phone   Home Phone   E-mail		Primary Contact Name					
	Own Business Location (Y/N) Land	ord Name	ame			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.

	Applicant 1	Applicant 2	Applicant 3
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			

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.

Х	
Applicant Signature	Date
× Applicant Signature	Date
X	
Applicant Signature	Date

## **Credit Release & Information Verification:**