


# New Equipment...LOW monthly payments!



**\$99/mo.**  
**FOR 6 MONTHS!\***

The Covid ripple effect we knew was coming is in full-swing, and we're all feeling it.

**Production is behind.**

**Shipping is behind.**

**Receiving is behind.**

But we want to make sure you **stay ahead.**

With **low introductory payments** for the first 6 months of your term, you can make the new equipment purchase your business needs to **stay ahead of the competition** and **ahead of your finances...**growing cash reserves to ensure you remain on top. Stop the ripple in its tracks with **6 months at just \$99/mo.** on any qualifying new equipment purchase!



**APPLY NOW!**

visit [greatwestern.gogc.com](https://greatwestern.gogc.com) or  
complete form on reverse

\*Offer subject to credit and equipment approval and 2+ years in business. Valid on new transactions through 6/30/21 only.  
\$99/month for your first 6 months with regular payments beginning on month 7 of your lease term.



Financing powered by:  
**Geneva Capital**  
Celebrating 20 years as your equipment finance solution.

financing questions?

**Damon Cincotta**, Regional Sales Manager  
(320) 759-3588 | [damon@gogc.com](mailto:damon@gogc.com)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

**Damon Cincotta**, Geneva Capital LLC  
f: 320.762.8402 or e: damon@gogc.com

OR

COMPLETE OUR ONLINE FORM:

**APPLY NOW!**

greatwestern.gogc.com

Business Information

<b>Equipment Cost</b>		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.