

SAVE BIG WITH PAYMENTS OF JUST:

\$99/mo.
FOR 6 MONTHS!*



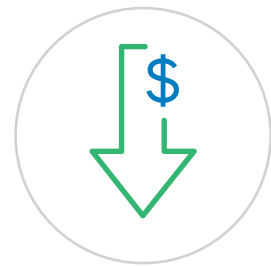
NEW YEAR

Along with the flip of the calendar page come new goals, new customers, new needs, and a new budget. **How do you check all the boxes?**



NEW EQUIPMENT

We anticipate a continued **rise in inflation**, so it may be wise to make needed equipment purchases **sooner rather than later.**



LOW PAYMENT

Through March, we're offering **\$99/mo. for the first 6 months** on qualifying equipment purchases... offsetting both lead times and learning curves!

FINANCE APPLICATION

visit greatwestern.gogc.com or complete the form on page 2

*Offer subject to credit and equipment approval and 2+ years in business. Valid on new transactions through 3/31/22 only. \$99/month for your first 6 months with regular payments beginning on month 7 of your lease term.



Financing powered by:
Geneva Capital
Your equipment finance *solution.*

[financing questions?](#)

Damon Cincotta, Regional Sales Mgr.
(320) 759-3588 | 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

Equipment Cost \$	Equipment Description
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Business Information

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.