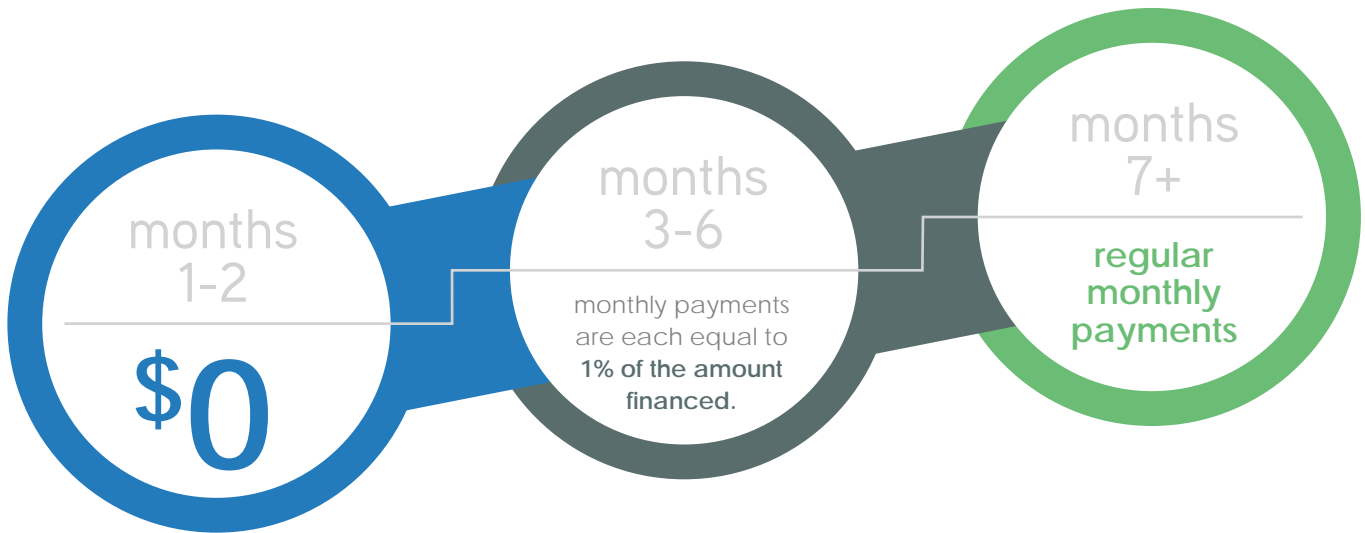


Step-up payment plan

\$0 Down | 3 graduated payment steps | **quick & simple process**



Our step-up finance option is a great way to **ease into payments while you learn to use your new equipment**. For the first couple of months you owe **\$0**. During months 3-6, you'll make low monthly payments of **just 1% of the amount financed**. (If you finance \$10,000 with us you'll pay just \$100/month.) During month 7 you'll start making regular monthly payments...which will remain consistent through the end of your term. Check it out!



FINANCE APPLICATION

visit greatwestern.gogc.com or complete form on page 2
use promo code: **STEPUP22**

*Offer subject to credit and equipment approval and 2+ years in business. Transactions under \$10,000 and over \$250,000 will not qualify. Valid on new transactions through 6/30/22 only. Regular monthly payments will vary based on amount financed, term length, and personal credit.



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 | Promo Code (optional) |
|-----------------------------|-----------------------|-----------------------|

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.