



## LEASE PAYMENT QUOTE

DATE:

QUOTATION PREPARED FOR:

<b>Business</b>	<b>Contact</b>
<b>Phone</b>	<b>Email</b>

QUOTATION PREPARED BY:

<b>Vendor</b>	<b>Sales Rep</b>
<b>Phone</b>	<b>Email</b>

SIGN:

<b>Sign Cost</b>
<b>Sign Description</b>

<b>Lease Term:</b>	<b>Estimated Payment Range:</b>
36m	to
48m	to
60m	to

\*This calculation is based on the information entered & is for illustrative purposes only. Your individual payments will be based upon credit. Actual down payment & resulting monthly payments will vary. Check with your sales rep for exact monthly payments.

INTEGRITY | INNOVATION | EXCELLENCE | SERVICE **Experience the Geneva Difference.**

 **APPLY NOW!**

visit [apply.gogc.com](http://apply.gogc.com) or complete form on reverse



**Jay Driscoll**, *Regional Sales Manager*  
p (320) 759-3587 | c (303) 564-9171  
[jay@gogc.com](mailto:jay@gogc.com)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

**Jay Driscoll**, Geneva Capital LLC  
f: 320.762.8402 or e: jay@gogc.com

OR

COMPLETE OUR ONLINE FORM:

**APPLY NOW!**

[apply.gogc.com](http://apply.gogc.com)

<b>Equipment Cost</b>	Equipment Supplier & Description
\$	

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.