

*Offer subject to credit and equipment approval and 2+ years in business. Valid on new transactions through 9/30/22 only. Please consult your tax advisor



Lock in equipment pricing.



Lock in payments.



Keep your cash free.

To help alleviate some of the impact inflation and rising cost to borrow have had on equipment purchases, we're offering **NO** payments until the new year. Now you can get your equipment locked in at today's pricing and payments, but keep your hard-earned cash where it belongs...in your pocket.



3 easy ways to apply:

scan the QR code, visit themagictouch.gogc.com or complete form on page 2

use promo code: NOPAY23

BONUS

If your equipment is put into use before 12/31/22 you may qualify for accelerated tax savings via Section 179.



LEARN MORE







Business Information

Personal Information

Credit Application

(for commercial purposes only)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

Jessica Srock, Geneva Capital LLC f: 320.762.8402 or e: jessica@gogc.com

OR

COMPLETE OUR ONLINE FORM:



Fauinme	ant Cost											
Equipment Cost \$		Equipr	Equipment Description						Promo Code (optional)			
Legal Company Name (include dba name if applicable)					Date Established (Current Ownership)					Type of Business Sole Prop. Partnership (Circle one): Corporation LLC Other		
Company Primary/Mailing Address					City			:	State	ate Zip		
Physical Location of Equipment - if different than above (No PO Boxes)					City			:	State		Zip	
			State Tax ID #/ Resale Permit #	Business Phone #						eferred Contact Method (Circle one): ffice # Mobile # E-mail		
Primary Contact Name			Office #	Mobile #			E-mail Add	dress				
Own Business Location (Y/N) Landlord Nam			ame		L			Landlord Telephone #				
	* If solely owned	, spousal ir	nformation is re c	quired on credit	applicatio	n. If busi	ness is closely held, c	redit is dete	rmined based u	upon joir	ntly held assets.	
	Applicant 1			Applicant 2					Applicant 3			
Name (First, M, Last)												
Home Street Address (No PO Boxes)	☐ Own ☐ Rent			Own Rent								Own 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			X				X				
	Applicant Signature			Applicant Signature					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.

