

SAVE BIG WITH PAYMENTS OF JUST:

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



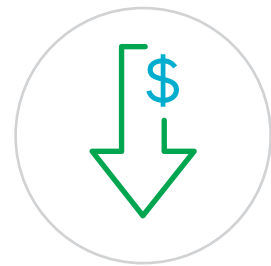
### NEW YEAR

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 [apply.gogc.com](https://apply.gogc.com)  
or complete 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](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!**  
[aldertech.gogc.com](http://aldertech.gogc.com)

<b>Equipment Cost</b>	Equipment 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.