

LEASING FACTS:

- ➔ Conserve Working Capital
- ➔ Creative Structures
- ➔ Maximize Cash Flow
- ➔ Fast Credit Decisions
- ➔ Competitive Pricing
- ➔ Direct Lender - We won't broker your lease

SAMPLE PAYMENTS*:

Purchase Amount	24 Months	36 Months	48 Months	60 Months
\$5,000	\$237	\$168	\$133	\$113
\$10,000	\$474	\$336	\$267	\$227
\$15,000	\$705	\$497	\$394	\$227
\$20,000	\$931	\$653	\$515	\$433
\$25,000	\$1152	\$805	\$632	\$529
\$30,000	\$1382	\$966	\$759	\$635
\$35,000	\$1613	\$1127	\$886	\$741

*All payments above are approximate. Actual lease payments will vary based on credit & equipment.

There is absolutely no cost or obligation to fill out an application. Simply fill out the form on reverse & submit it via our toll-free fax at (800)284-3974 or complete the online form at: www.genevacapitalfitness.com

Mike Tripp
Hotel Fitness - Leasing Manager
c/o Geneva Capital
mtripp@gogenevacapital.com
800-408-9352 phone ext.575
800-284-3974 fax
612-812-3150 cell

Date Company Established (Under Current Ownership)		Legal Company Name			
Company Street Address		City		State	Zip
Physical Location of Equipment (No PO Boxes)		City		State	Zip
Telephone #		Mobile #		Fax #	
E-mail Address				Federal Tax ID #	
Company Contact			Authorized Signor		
Own Business Location (Y/N)		Landlord Name		Landlord Telephone #	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other					Equipment Cost
How did you hear about Geneva Capital? <input type="checkbox"/> Existing/Past Customer <input type="checkbox"/> Customer Referral <input type="checkbox"/> Vendor Referral <input type="checkbox"/> genevacapitalfitness.com <input type="checkbox"/> Tradeshow <input type="checkbox"/> Vendor Website <input type="checkbox"/> Email Promotion <input type="checkbox"/> Internet Search Engine <input type="checkbox"/> Other _____					

Personal Information (Principals or Guarantors)

If business is closely held, credit is determined based upon jointly held assets. Spouse information is required with credit application.

	1	2	3
Name (First, M, Last)			
Home Street Address (No PO Boxes)			
City, State, Zip			
Home Phone #			
Social Security #			
Date of Birth			
% of Business Ownership			
Home Ownership (Y/N) Purchase Date			
Value of Property			
Est. Mortgage Balance			
Are you a US Citizen? (Y/N)			
If no, are you a permanent resident alien? (Y/N)			

Bank Reference	City/State	Phone	Fax	Account #	Date Opened

Credit Release & Information Verification:

By signing this application the applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and accurate to the best of the applicant(s) knowledge and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize Geneva Capital L.L.C and its assigns to obtain and use consumer credit reports on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any government agency, bank or financial institution to release credit information on the applicant(s) accounts to Geneva Capital L.L.C. and its assigns. If credit is extended, Applicant agrees that submitting an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. The applicant(s) further authorize Geneva Capital L.L.C. to mail, fax or e-mail solicitations of future lease financing services to applicant.

***To expedite the credit application process, submit bank statements for all business bank accounts for the last three months with the application.**

X _____
Applicant Signature _____ Date _____

X _____
Applicant Signature _____ Date _____

X _____
Applicant Signature _____ Date _____



RETURN TO: Geneva Capital, LLC Attn:Angie Glockner
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 angie@genevacapitalfitness.com • www.genevacapitalfitness.com