# Application for Credit

**G. E. O. Capital Corporation ("Geocapco")**
**Phone: (727) 726 – 0772**
**Fax: (727) 255 - 5502**

## BUSINESS INFORMATION

| | | |
|---|---|---|
| Company Name: | Business Phone: | Business Fax: |
| Physical Address: City: State: Zip Code: | | |
| Years Under Same Ownership: | | |
| Type of Business (Check One): ☐Corporation ☐Partnership ☐Proprietorship ☐Municipality ☐Nonprofit ☐ LLC | | |
| Federal I.D. No.: | Date of Incorporation/Organization: | |

## PERSONAL INFORMATION *Include all owners to account for 100% of company ownership*

| | | | | |
|---|---|---|---|---|
| **1. Owner / Primary Contact** | Title: | Ownership % | SSN: | D.O.B. |
| Home Phone: | Business Phone: | Alternate Phone: | E-mail Address: | |
| Home Address: | | City: | State: | Zip Code: |
| **2. Owner** | Title: | Ownership % | SSN: | D.O.B. |
| Home Address: | | City: | State: | Zip Code: |
| **3. Owner** | Title: | Ownership % | SSN: | D.O.B. |
| Home Address: | | City: | State: | Zip Code: |

## EQUIPMENT INFORMATION

| | | | | YEAR | MAKE | MODEL |
|---|---|---|---|---|---|---|
| | | | ***Please attach the equipment quote if available*** | | | |
| **1** | Qty: | Price: $ | | | | |
| **2** | Qty: | Price: $ | | | | |
| **3** | Qty: | Price: $ | | | | |
| **4** | Qty: | Price: $ | : | | | |

**Location where equipment will be based:** ☐Business address ☐Home Address ☐Other (please describe below)

Address: City: State: Zip Code:

Equipment Seller: Address: City: State: Phone:

The undersigned authorizes all parties contacted to release credit & financial information requested by G.E.O. Capital ("Geocapco") or their assigns. Facsimile signature(s) shall have the same force and effect as an original, applicant certifies all information is true and correct; equipment is for business/commercial purpose and not personal use. This is not a pledge to provide financing and approval if any is subject to standard documentation and underwriting. Geocapco is not affiliated with dealer and does not warranty equipment fitness or merchantability.

_____ _____ _____

Signature Title Date

**Fax application to (727) 255 - 5502**