

INTRODUCING THE NEW

# Step-up payment plan



Graduated payments = growth within reach.

Our step-up finance option is a great way to **ease into payments** over the first 6 months of your term. You'll pay **\$0 out of pocket** until month 3. Then, you'll make two low monthly payments of **just \$75** followed by two months at **\$150**. During month 7 your regular monthly payments will begin. **That's a total investment of just \$450 in your first 6 months!**



## STEP-UP PAYMENT STRUCTURE:

step	month	payment
1	1 & 2	<b>\$0</b>
2	3 & 4	<b>\$75/mo.</b>
3	5 & 6	<b>\$150/mo.</b>
4	7+	<b>regular payments</b>

\*Offer subject to credit and equipment approval and 2+ years in business. Valid on new transactions up to \$250,000 through 6/30/23 only. Regular monthly payments will vary based on amount financed, term length, and credit rating.

Ready to grow your business?!  
**We're ready to help.**



**3 easy ways to apply:**  
scan the QR code,  
visit [kmt.gogc.com](http://kmt.gogc.com)  
or complete form on page 2  
use promo code: **STEPUP23**



with financing powered by:  
**Geneva Capital** LLC

financing questions?

**Jeff Patterson**, Sales Manager  
(320) 759-3569 | [jeff@gogc.com](mailto:jeff@gogc.com)

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

**Jeff Patterson**, Geneva Capital LLC  
 f: 320.762.8402 or e: jeff@gogc.com

OR

COMPLETE OUR ONLINE FORM:

**APPLY NOW!**

kmt.gogc.com

<b>Equipment Cost</b> \$	Equipment Description	Promo Code (optional)
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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.