



BUSINESS CREDIT APPLICATION

Please return application to:

3400 Dundee Road, Suite 180 • Northbrook, IL 60062
 Phone: 800-866-6396 • Fax: 847-291-3414
 www.beaconfunding.com

BUSINESS INFORMATION		FULL LEGAL NAME (INCLUDE DBA IF APPLICABLE)		TELEPHONE	FACSIMILE
BILLING STREET ADDRESS		CITY	COUNTY	STATE	ZIP
EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE) STREET ADDRESS		CITY	COUNTY	STATE	ZIP
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP		TAX ID #			
BUSINESS START DATE (MM/YYYY)	INDUSTRY START DATE (MM/YYYY)	BUSINESS DESCRIPTION		SALES LAST YEAR \$	PROJ. NEXT YEAR \$
LANDLORD/MORTGAGOR NAME		TELEPHONE			
PERSON SIGNING DOCUMENTATION		TITLE			BUSINESS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU LEARN ABOUT US?		WEB ADDRESS			

OWNER INFORMATION		NAME (PRINCIPAL/PARTNER/OFFICER)		SOCIAL SECURITY #	HOME TELEPHONE	MOBILE TELEPHONE
HOME STREET ADDRESS		CITY		STATE	ZIP	
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$	MORTGAGE \$	W-2 LAST YEAR \$			
CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE W-2 \$	% BUSINESS OWNED	EMAIL			
CO-APPLICANT		SOCIAL SECURITY #		HOME TELEPHONE	MOBILE TELEPHONE	
HOME STREET ADDRESS		CITY		STATE	ZIP	
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$	MORTGAGE \$	W-2 LAST YEAR \$			
CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE W-2 \$	% BUSINESS OWNED	EMAIL			

EQUIPMENT TO BE ACQUIRED	TOTAL ESTIMATED EQUIPMENT COST \$	EQUIPMENT DESCRIPTION (MFR/MODEL)
SUPPLIER COMPANY NAME		SUPPLIER SALESPERSON
		TELEPHONE

TARGET FINANCING TERMS	DOWN PAYMENT \$	TERM (# MONTHS)	MONTHLY PAYMENT \$
ADDITIONAL COLLATERAL			

BANK REFERENCES	BUSINESS DEPOSITORY	CITY/STATE	TELEPHONE
CHECKING ACCOUNT #	BALANCE \$	CONTACT NAME	SINCE
BUSINESS LOAN/LEASE	CITY/STATE	TELEPHONE	
LOAN/LEASE #	BALANCE \$	CONTACT NAME	SINCE
BUSINESS LOAN/LEASE	CITY/STATE	TELEPHONE	
LOAN/LEASE #	BALANCE \$	CONTACT NAME	SINCE

TRADE REFERENCES	NAME	CITY/STATE	ACCT #	TELEPHONE	CONTACT NAME
1.					
2.					
3.					

The applicant(s) certify that all information contained in this application, and all attachments hereto, are true and complete 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 authorizes Beacon Funding and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, 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 authorizes any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Beacon Funding and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of contract documents.

SIGNATURE	<input checked="" type="checkbox"/> APPLICANT	DATE	<input checked="" type="checkbox"/> CO-APPLICANT	DATE
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