

BUSINESS CREDIT APPLICATION

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 \$ EQUITY \$
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.					
<p>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.</p>					
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT	DATE	<input checked="" type="checkbox"/> CO-APPLICANT	DATE