

# Easy Start Program

**Business Credit Application Enclosed**



**Your first 7 payments are each only \$100!**  
**Only \$100 due at signing!**

**beaconfunding**  
equipment financing solutions

## Program Details

Allow your equipment to start producing revenue before making any significant payments!

### Payment Schedule

- The first payment of \$100 is due at agreement signing.
- Payments 2-7 are \$100 each.
- Remaining payments are as-low-as:

Payment Factors		
36 Months	48 Months	60 Months
<b>.03984</b>	<b>.02978</b>	<b>.02431</b>

(amount financed x payment factor = as-low-as payment estimate)

### Program Example

<b>Equipment cost:</b>	<b>\$30,000</b>
<b>Due at signing, 1 advanced payment:</b>	<b>\$100</b>
<b>Payments 2-7:</b>	<b>\$100</b>
<b>Payments 8-60:</b>	<b>as-low-as \$729</b>

(example based on a 60-month term and 10% end-of-term payment option)

### Financing Terms:

- All deals are subject to credit approval.
- The Easy Start program may not be available for deals greater than \$100,000.
- Easy Start financing terms typically range from 36 to 60 months.
- The end-of-term balloon payment or purchase option is 10%. Select states may require alternative end-of-term payment options.
- A down payment, increased factor, and/or shortened term may be required based on time-in-business and credit quality.
- The Easy Start program may not be available to start-up businesses.
- See your Beacon Funding representative for additional details.

## Procedure

- Obtain a quote for your desired equipment.
- Complete our one-page Business Credit application (on reverse or at [www.beaconfunding.com](http://www.beaconfunding.com)).
- Fax application and equipment quote to your financing consultant (see below). Alternatively, you can call your financing consultant, or submit your application online.
- You can expect a response from your Beacon financing consultant within 24-48 hours.

### Contact:

#### Corporate Headquarters:

3400 Dundee Rd. Suite 180  
Northbrook, IL 60062  
phone: 800-866-6396  
fax: 847-291-3414

#### Web Address:

[www.beaconfunding.com](http://www.beaconfunding.com)

#### Email Address:

[sales@beaconfunding.com](mailto:sales@beaconfunding.com)

**apply online**  
[www.beaconfunding.com](http://www.beaconfunding.com)

**BUSINESS CREDIT APPLICATION**

<b>BUSINESS INFORMATION</b>		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# (Corporations Only)						
YEARS IN BUSINESS		YEARS IN INDUSTRY		BUSINESS DESCRIPTION			SALES LAST YEAR \$		PROJ. NEXT YEAR \$	EQUITY
DOWN PAYMENT AVAILABLE \$			ADDITIONAL COLLATERAL			LANDLORD/MORTGAGOR NAME			TELEPHONE	
PERSON SIGNING DOCUMENTATION			TITLE		EMAIL ADDRESS			MOBILE #		
HOW DID YOU LEARN ABOUT US?										
WHICH PROMOTIONAL PROGRAM ARE YOU APPLYING FOR?										
<b>OWNER INFORMATION</b>		NAME (Principal/Partner/Officer)				SOCIAL SECURITY NO.		HOME 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?		SPOUSE W-2 \$	% OF BUSINESS OWNED
CO-APPLICANT		SOCIAL SECURITY NO.				HOME 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?		SPOUSE W-2 \$	% OF BUSINESS OWNED
<b>EQUIPMENT TO BE ACQUIRED</b>		TOTAL ESTIMATED EQUIPMENT COST \$			EQUIPMENT DESCRIPTION (Mfr/Model)				TERM (# of Months)	
SUPPLIER NAME					SUPPLIER SALESPERSON			TELEPHONE		
<b>BANK REFERENCES</b>		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	
<b>TRADE REFERENCES</b>		NAME	CITY/STATE	ACCT #	TELEPHONE		CONTACT NAME			
1.										
2.										
3.										
4.										
<p>The applicant(s) certifies 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 authorize 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 authorize 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>										
<b>SIGNATURE</b>		<input checked="" type="checkbox"/> APPLICANT			DATE		<input checked="" type="checkbox"/> CO-APPLICANT			DATE
FOR OFFICE USE ONLY										
EQUIPMENT COST			DP VENDOR	DP BFC	FINANCED AMOUNT			NUMBER OF ADVANCE PAYMENTS		
TERM	RT	MONTHLY PAYMENT			FILING FEE	TAX EXEMPT		<input type="checkbox"/> YES <input type="checkbox"/> NO		
END OF TERM OPTIONS		FMV	FIXED %	FIXED \$	TRADE SHOW/MAG	OTHER				