



***We'll Meet or Beat The Competition  
or Pay You \$250!***

## Equipment Financing Solutions

At Beacon, we are confident that we can provide you with the industry's best equipment financing offers. As a matter of fact, if you can provide us with confirmation of a competitor's financing program that is better, and we can't meet or beat it, we will pay you \$250. Program terms and conditions are as follows:

### Qualified Competitors

The Meet or Beat program applies to other financing companies. Banks, bank-owned financing companies, captive financing programs, and/or vendor subsidized financing programs are excluded.

### Written Approval

To qualify for the Meet or Beat program, an applicant is required to provide Beacon with a written approval/commitment letter from a Qualified Competitor. Financing proposals, payment estimates, and/or approval letters which are subject to credit approval and/or contain any type of contingency do not qualify for this program.

### Application

To qualify for a \$250 cash award, a competitor program(s) needs to be presented at the time of initial credit application with Beacon.

### Cash Award Payment Timing

In the event that Beacon pays a \$250 cash award, payment will not be made until client demonstrates "proof of purchase" from a qualifying financing competitor. Typically, proof of purchase is satisfied by providing Beacon with a copy of the executed Delivery and Acceptance document relating to our competitor's agreement.

## 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 a Beacon financing consultant within 24-48 hours.
- All Meet or Beat payments are subject to Beacon approval in its sole discretion.

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**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)

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**beaconfunding**  
equipment financing solutions

**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?		VALUE		MORTGAGE		W-2 LAST YEAR		CONTINUE EMPLOYMENT?		SPOUSE W-2	% OF BUSINESS OWNED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$			
CO-APPLICANT				SOCIAL SECURITY NO.			HOME TELEPHONE						
HOME STREET ADDRESS				CITY		STATE		ZIP					
OWNS HOME?		VALUE		MORTGAGE		W-2 LAST YEAR		CONTINUE EMPLOYMENT?		SPOUSE W-2	% OF BUSINESS OWNED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$			
<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			