

# Financing Made Easy

**Business Credit Application Enclosed**



*Getting approved to finance your equipment is easy!*

**beaconfunding**  
equipment financing solutions

## 1 Application

Once you have selected your equipment package, simply complete our one-page Business Credit Application. Applications can be completed a variety of ways, including:

- Fax: 847-291-3414
- Online: [www.beaconfunding.com](http://www.beaconfunding.com)
- Phone: 800-866-6396

## 2 Approval

Upon receipt of your completed Business Credit Application and equipment quotation, Beacon will provide you with a response within 24-48 hours. Typically, you will be provided with a letter outlining the details of your approved terms and conditions. Once you have accepted the terms of the approval, you will be mailed or emailed our documentation.

## 3 Documentation

You will need to complete our documentation and return it to Beacon along with any initial cash requirements. Beacon will issue a purchase order to your equipment vendor(s) and your equipment will be shipped to your desired location.

## 4 Acceptance

Finally, Beacon will pay your vendor(s) and start your finance agreement only after you have provided us with a verbal confirmation that the appropriate equipment has been delivered and is working properly.

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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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*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                      |                     |  |      |  |
|  |  |   |                       |                             |                                   |                         |                 |  |  |                            |                     |  |      |  |