

# BUSINESS CREDIT APPLICATION



Please return application to: Bob Dubow  
E: bdubow@beaconfunding.com P: 847.208.4530  
3400 Dundee Road, Suite 180 | Northbrook, IL 60062

## BUSINESS INFORMATION

LEGAL BUSINESS NAME (INCLUDE DBA IF APPLICABLE)		PHONE #	FAX #	
BILLING STREET ADDRESS		CITY	STATE	ZIP
LEGAL BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP		BUSINESS START DATE (MM/YYYY)	TAX ID #	
PRIMARY INDUSTRY <input type="checkbox"/> DECORATED APPAREL <input type="checkbox"/> TOWING <input type="checkbox"/> LANDSCAPE/HARDSCAPE <input type="checkbox"/> SEPTIC <input type="checkbox"/> LIGHT CONSTRUCTION <input type="checkbox"/> OTHER		BUSINESS DESCRIPTION		
WEBSITE ADDRESS		HOW DID YOU HEAR ABOUT US?		

## IMPORTANT! GET A FASTER, BETTER APPROVAL WITH SIMPLE AND SECURE BANK STATEMENTS

By providing your routing number, your bank will prompt you to authorize the release of your statements to Beacon Funding. This process can lead to a faster, better approval.	ROUTING #	BANK STATEMENT AUTHORIZATION (EMAIL OR PHONE)
--	-----------	---

## OWNER INFORMATION

APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)		% BUSINESS OWNED	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR HOME MORTGAGE BALANCE?
SOCIAL SECURITY #	MOBILE	PHONE	EMAIL	
HOME STREET ADDRESS		CITY	STATE	ZIP
CO-APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)		% BUSINESS OWNED	OWN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR HOME MORTGAGE BALANCE?
SOCIAL SECURITY #	MOBILE	PHONE	EMAIL	
HOME STREET ADDRESS		CITY	STATE	ZIP

## EQUIPMENT INFORMATION

TOTAL ESTIMATED COST OF EQUIPMENT	MAKE	MODEL		
EQUIPMENT LOCATION - STREET ADDRESS (IF DIFFERENT THAN BILLING)		CITY	STATE	ZIP
EQUIPMENT DESCRIPTION				
DOWN PAYMENT AVAILABLE	DESIRED MONTHLY PAYMENT	ADDITIONAL COLLATERAL		

## CERTIFICATION

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. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimile signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes.

APPLICANT NAME (PLEASE PRINT)	DATE	CO-APPLICANT NAME (PLEASE PRINT)	DATE
APPLICANT SIGNATURE		APPLICANT SIGNATURE	

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Beacon Funding Corporation, 3400 Dundee Road, Suite 180, Northbrook, IL 60062, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derived from any public assistance program, or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, 600 Pennsylvania Avenue NW, Washington, DC 20580. USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5): IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.