

# Business Credit Application

Please return application to: Bob Dubow

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# SHOEMAKER LIFTS

## 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		TAX ID #
BUSINESS DESCRIPTION				
WEBSITE ADDRESS		HOW DID YOU HEAR ABOUT US?		

## OWNER INFORMATION

APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)		% BUSINESS OWNED	SOCIAL SECURITY #	
PHONE	MOBILE	EMAIL		
HOME STREET ADDRESS		CITY	STATE	ZIP
CO-APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)		% BUSINESS OWNED	SOCIAL SECURITY #	
PHONE	MOBILE	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				

## BANKING INFORMATION

BANKING INSTITUTION	ACCOUNT #	ROUTING #
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## 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. The applicant(s) hereby authorizes Beacon Funding to request and obtain individual or business tax transcript(s) from the IRS via IRS Form 4506-T and confirms that all declarations made within the 4506-T "Signature of taxpayer(s)" section are true and accurate. 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. A non-refundable documentation fee will be required for the preparation and distribution of contract documents.

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