Business Credit Application

Please return application to: Miles Hendrix

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BUSINESS INFORMATION									
LEGAL BUSINESS NAME (INCLUDE DBA IF APPLICABLE) PHONE #			FAX #						
BILLING STREET ADDRESS			CITY			STATE ZIP			
LEGAL BUSINESS STRUCTURE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC			BUSINESS START DATE		ART DATE	TAX ID #			
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 bar your statements to Beacon Funding. This p	PREFERRED BANK STATEMENT AUTHORIZATION METHOD (PROVIDE EMAIL ADDRESS OR PHONE #)								
OWNER INFORMATION									
APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)			% BUSINESS OWNED	OWN HOME YES 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 YES NO		IF YES, WHAT IS YOUR HOME MORTGAGE BALANCE?				
SOCIAL SECURITY #	MOBILE	PHONE	EMAIL						
HOME STREET ADDRESS			CITY			STATE 2		ZIP	
EQUIPMENT INFORMATION									
TOTAL ESTIMATED COST OF EQUIPMENT	МАКЕ	MODEL							
EQUIPMENT LOCATION - STREET ADDRESS (IF DIFFERENT THAN BILLING)			СІТҮ			STATE		ZIP	
EQUIPMENT DESCRIPTION									
DOWN PAYMENT AVAILABLE	DESIRED MONTHLY PAYME	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				DATE		
APPLICANT SIGNATURE			APPLICANT SIGNATURE						
	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), herease all or part of the applicant's income derived from any public assistance program or because the applicant has in good faith evercised any right under the consumer credit protection act. The federal agency that administers compliance with this law								

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