

# BUSINESS CREDIT APPLICATION

Please return application to: Heath Martell

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## BUSINESS INFORMATION

LEGAL BUSINESS NAME (INCLUDE DBA IF APPLICABLE)		PHONE #		FAX #	
BILLING STREET ADDRESS			CITY		STATE
					ZIP
LEGAL BUSINESS STRUCTURE			BUSINESS START DATE		TAX ID #
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP					
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	

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 Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006. 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.

