

# Business Credit Application

Please return application to: **Justin Rasch**

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## BUSINESS INFORMATION

|   |                               |                      |         |                       |                  |                                 |
|---|-------------------------------|----------------------|---------|-----------------------|------------------|---------------------------------|
| FULL LEGAL NAME (INCLUDE DBA IF APPLICABLE)   |                               |                      | PHONE # |                       | FAX #            |                                 |
| BILLING STREET ADDRESS  |                               | CITY                 |         | COUNTY                | STATE            | ZIP                             |
| EQUIPMENT LOCATION - STREET ADDRESS (IF DIFFERENT THAN ABOVE)   |                               | CITY                 |         | COUNTY                | STATE            | ZIP                             |
| LEGAL BUSINESS STRUCTURE<br><input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP |                               |                      | TAX ID# |                       |                  |                                 |
| BUSINESS START DATE (MM/YYYY)   | INDUSTRY START DATE (MM/YYYY) | BUSINESS DESCRIPTION |         | SALES LAST YEAR<br>\$ |                  | PROJECTED NEXT YEAR SALES<br>\$ |
| HOW DID YOU HEAR ABOUT US?  |                               | WEBSITE ADDRESS      |         |                       | AGERO PROVIDER # |                                 |

## OWNER INFORMATION

|   |  |                  |                  |                        |                   |     |
|---|--|------------------|------------------|------------------------|-------------------|-----|
| APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)  |  |                  | % BUSINESS OWNED |                        | SOCIAL SECURITY # |     |
| PHONE #   | MOBILE PHONE #   |                  | EMAIL ADDRESS    |                        |                   |     |
| HOME STREET ADDRESS   |  |                  | CITY             |                        | STATE             | ZIP |
| CONTINUED EMPLOYMENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | OWNS HOME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOME VALUE<br>\$ |                  | MORTGAGE BALANCE<br>\$ |                   |     |
| CO-APPLICANT NAME   |  |                  | % BUSINESS OWNED |                        | SOCIAL SECURITY # |     |
| PHONE #   | MOBILE PHONE #   |                  | EMAIL ADDRESS    |                        |                   |     |
| HOME STREET ADDRESS   |  |                  | CITY             |                        | STATE             | ZIP |
| CONTINUED EMPLOYMENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | OWNS HOME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOME VALUE<br>\$ |                  | MORTGAGE BALANCE<br>\$ |                   |     |

## EQUIPMENT INFORMATION

|   |                |  |                             |  |                                  |               |
|---|----------------|--|-----------------------------|--|----------------------------------|---------------|
| TOTAL ESTIMATED COST OF EQUIPMENT<br>\$ | EQUIPMENT MAKE |  | EQUIPMENT MODEL             |  | ADDITIONAL EQUIPMENT DESCRIPTION |               |
| SUPPLIER/VENDOR COMPANY NAME            |                |  | SUPPLIER/VENDOR SALESPERSON |  | PHONE #                          | EMAIL ADDRESS |

## DESIRED FINANCING TERMS

|                    |                              |                              |                       |  |  |
|--------------------|------------------------------|------------------------------|-----------------------|--|--|
| DOWN PAYMENT<br>\$ | LENGTH OF TERM (# OF MONTHS) | MONTHLY PAYMENT AMOUNT<br>\$ | ADDITIONAL COLLATERAL |  |  |
|--------------------|------------------------------|------------------------------|-----------------------|--|--|

## BANKING INFORMATION

|                     |  |                |  |                |  |
|---------------------|--|----------------|--|----------------|--|
| BANKING INSTITUTION |  | ACCOUNT NUMBER |  | ROUTING NUMBER |  |
|---------------------|--|----------------|--|----------------|--|

## 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) further authorizes any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Beacon Funding and/or its assigns. If applicable, applicant hereby authorizes Agero to share with Beacon Funding pertinent relationship and activity information relating to applicant's Agero relationship. 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           |  |      | CO-APPLICANT SIGNATURE           |  |      |