

# Business Credit Application

Please return application to: **Dominic Knight**

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# STATEWIDE TOWING ASSOCIATION INC.

## 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 <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 \$	PROJECTED NEXT YEAR SALES \$
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME VALUE \$		MORTGAGE BALANCE \$	
CO-APPLICANT NAME				% BUSINESS OWNED		SOCIAL SECURITY #	
PHONE #		MOBILE PHONE #		EMAIL ADDRESS			
HOME STREET ADDRESS				CITY		STATE	ZIP
CONTINUED EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME VALUE \$		MORTGAGE BALANCE \$	

## EQUIPMENT INFORMATION

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

## DESIRED FINANCING TERMS

DOWN PAYMENT \$		LENGTH OF TERM (# OF MONTHS)		MONTHLY PAYMENT AMOUNT \$		ADDITIONAL COLLATERAL	
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## BANKING INFORMATION

BANKING INSTITUTION			ACCOUNT NUMBER			ROUTING NUMBER		
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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) 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			