

Working Capital Loan

Extra cash to run your business. No equipment purchase necessary.

Program Details

The need for cash can ebb and flow due to seasonality, changes in growth, the launch of a new product, raw materials needs, cleaning up accounts payable or unexpected expenses. These situations demand quick and decisive action that can increase your cash position in days—not weeks. The Working Capital Loan offers quick access to funds to keep the cash flowing.

Use working capital to pay for:

- Equipment soft costs
- Training and installation
- Supplies, inventory and software
- Warranties
- Renovations
- Seasonality needs
- Handle emergencies
- Tax liabilities
- Expansion projects

Minimum Requirements

If your business meets the minimum requirements, you should qualify for 4-6% of your annual business revenue.

Time in Business.....	1 Year
FICO Score.....	>500
Annual Revenues.....	\$150,000
Average Bank Balance.....	\$1,500
Open Liens.....	<\$175,000

Financing Terms

- All transactions subject to Beacon Funding credit approval.
- Working capital can be used for any business purpose.
- Eligibility is based on a variety of factors such as your industry and sales.
- No equipment financing is necessary to qualify for a Working Capital Loan.



How to Apply

- Complete the one-page Working Capital application on reverse.
- Fax or email application to your Beacon Funding financing consultant.
- You can expect a response from your Beacon Funding financing consultant within 24-48 hours.
- Applicants should expect the entire process to take between three and five business days.



Working Capital Application



BUSINESS INFORMATION					
BUSINESS LEGAL NAME ("MERCHANT"):			BUSINESS DBA NAME:		
BUSINESS ADDRESS:			CITY	STATE	ZIP
PHONE:	CELL PHONE:	FAX:	WEBSITE:		
EMAIL:		TAX ID (TIN) #:	TIME IN BUSINESS:		
TYPE OF BUSINESS:			AMOUNT OF WORKING CAPITAL REQUESTED:		
BUSINESS ENTITY: ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP					
LANDLORD/MORTGAGE INFORMATION - REQUIRED					
LANDLORD/MORTGAGE COMPANY:			RENT/OWN?:		
RENT/MORTGAGE PAYMENT:			IF RENTED, LEASE START DATE?:		
LANDLORD CONTACT NAME:			LEASE TERM?:		
LANDLORD CONTACT PHONE:			LANDLORD FAX #:		
OWNER(S) PRINCIPAL(S) INFORMATION					
NAME (PRIMARY OWNER):			NAME (SECOND OWNER):		
TITLE:	% OF OWNERSHIP:	TITLE:	% OF OWNERSHIP:		
DATE OF BIRTH:		DATE OF BIRTH:			
ADDRESS:		ADDRESS:			
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE:	SSN #:	HOME PHONE:	SSN #:		
ANNUAL INCOME:		ANNUAL INCOME:			
DRIVERS LICENSE # AND STATE OF ISSUE:		DRIVERS LICENSE # AND STATE OF ISSUE:			
FUNDING INFORMATION - REQUIRED					
GROSS ANNUAL REVENUES:			AVERAGE MONTHLY REVENUES:		
\$			\$		
MONTHLY CREDIT CARD SALES:			DO YOU HAVE AN OPEN CASH ADVANCE AT THIS TIME?:		
\$			☐ YES ☐ NO		
IF "YES", LIST THE CASH ADVANCE PROVIDER AND BALANCE:					
\$					
The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Channel Partners LLC/Beacon Funding ("CPL/BF") are true, accurate and complete, (2) Applicant will immediately notify CPL/BF of any change in such information or financial condition, (3) Applicant authorizes CPL/BF to disclose all information and documents that CPL/BF may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features and/or purchase of receivables transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) CPL/BF, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. 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.					
SIGNATURE		☒ PRIMARY OWNER _____ DATE _____ ☒ SECOND OWNER _____ DATE _____			

Working Capital Loan Program provided by Channel Partners LLC

