

Business Credit Application

Please return application to: **Bob Dubow/Nick Lionello**
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BUSINESS INFORMATION		FULL LEGAL NAME (INCLUDE DBA IF APPLICABLE)		TELEPHONE		FACSIMILE					
BILLING STREET ADDRESS			CITY		COUNTY		STATE	ZIP			
EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE) STREET ADDRESS			CITY		COUNTY		STATE	ZIP			
<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		PROJ. NEXT YEAR	EQUITY		
LANDLORD/MORTGAGOR NAME					TELEPHONE						
PERSON SIGNING DOCUMENTATION				TITLE			BUSINESS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HOW DID YOU LEARN ABOUT US?				WEB ADDRESS			AGERO PROVIDER #				
OWNER INFORMATION		NAME (PRINCIPAL/PARTNER/OFFICER)		SOCIAL SECURITY #		HOME TELEPHONE		MOBILE TELEPHONE			
HOME STREET ADDRESS			CITY			STATE		ZIP			
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE		MORTGAGE		W-2 LAST YEAR					
CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE W-2		% BUSINESS OWNED		EMAIL					
CO-APPLICANT			SOCIAL SECURITY #		HOME TELEPHONE		MOBILE TELEPHONE				
HOME STREET ADDRESS			CITY			STATE		ZIP			
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE		MORTGAGE		W-2 LAST YEAR					
CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE W-2		% BUSINESS OWNED		EMAIL					
EQUIPMENT TO BE ACQUIRED		TOTAL ESTIMATED EQUIPMENT COST		EQUIPMENT DESCRIPTION (MFR/MODEL)							
SUPPLIER COMPANY NAME				SUPPLIER SALESPERSON		TELEPHONE					
TARGET FINANCING TERMS		DOWN PAYMENT		TERM (# MONTHS)		MONTHLY PAYMENT					
ADDITIONAL COLLATERAL											
BANK REFERENCES		BUSINESS DEPOSITORY		CITY/STATE		TELEPHONE					
CHECKING ACCOUNT #			BALANCE		CONTACT NAME		SINCE				
BUSINESS LOAN/LEASE			CITY/STATE		TELEPHONE						
LOAN/LEASE #			BALANCE		CONTACT NAME		SINCE				
BUSINESS LOAN/LEASE			CITY/STATE		TELEPHONE						
LOAN/LEASE #			BALANCE		CONTACT NAME		SINCE				
TRADE REFERENCES		NAME		CITY/STATE		ACCT #		TELEPHONE		CONTACT NAME	
1.											
2.											
3.											
<p>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.</p>											
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT _____ DATE _____ <input checked="" type="checkbox"/> CO-APPLICANT _____ DATE _____									