

Lease-To-Own Program

Business Lease Application Enclosed



Getting approved for your equipment lease is easy!

beaconfunding
equipment leasing solutions

1

Application

Once you have selected your equipment package, simply complete our one-page Business Lease Application. Applications can be completed a variety of ways, including:

- Fax: 847-291-3414
- Online: www.beaconfunding.com
- Phone: 800-866-6396

2

Proposal

Upon receipt of your completed Business Lease Application and equipment quotation, Beacon will provide you with a response within 24-48 hours. Typically, you will be provided with a written lease proposal outlining the details of your approved lease terms and conditions. Once you have accepted the terms of the proposal, you will be mailed or emailed our lease documentation.

3

Documentation

You will need to complete the lease documentation and return it to Beacon along with any initial cash requirements. Beacon will issue a purchase order to your equipment vendor(s) and your equipment will be shipped to your desired location.

4

Acceptance

Finally, Beacon will pay your vendor(s) and start your lease only after you have provided us with a verbal confirmation that the appropriate equipment has been delivered and is working properly.

Contact:

Your Leasing Consultant:

Gene Filippo
3400 Dundee Rd. Suite 180
Northbrook, IL 60062
phone: 800-866-6396
phone: 847-291-6494
fax: 847-291-3414
email: gfilippo@beaconfunding.com

Corporate Headquarters:

3400 Dundee Rd. Suite 180
Northbrook, IL 60062
phone: 800-866-6396
fax: 847-291-3414

Web Address:

www.beaconfunding.com

apply online
www.beaconfunding.com

BUSINESS LEASE APPLICATION

beaconfunding
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Please return application to:

3400 Dundee Road, Suite 180 • Northbrook, IL 60062
Phone: 800-866-6396 • Fax: 847-291-3414
gfilippo@beaconfunding.com • www.beaconfunding.com

Attention

Gene Filippo

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# (Corporations Only)																													
YEARS IN BUSINESS	YEARS IN INDUSTRY	BUSINESS DESCRIPTION			SALES LAST YEAR \$	PROJ. NEXT YEAR \$	EQUITY																									
DOWNPAYMENT AVAILABLE \$		ADDITIONAL COLLATERAL			LANDLORD/MORTGAGOR NAME		TELEPHONE																									
PERSON SIGNING LEASE		TITLE		EMAIL ADDRESS			MOBILE #																									
HOW DID YOU LEARN ABOUT BEACON FUNDING?																																
WHICH PROMOTIONAL LEASE PROGRAM ARE YOU APPLYING FOR?																																
OWNER INFORMATION		NAME (Principal/Partner/Officer)			SOCIAL SECURITY NO.		HOME 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 \$	% OF BUSINESS OWNED																									
CO-APPLICANT			SOCIAL SECURITY NO.		HOME 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 \$	% OF BUSINESS OWNED																									
EQUIPMENT TO BE LEASED		TOTAL ESTIMATED EQUIPMENT COST \$		EQUIPMENT DESCRIPTION (Mfr/Model)			TERM (# of Months)																									
SUPPLIER NAME				SUPPLIER SALESPERSON		TELEPHONE																										
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																										
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TRADE REFERENCES		<table border="1"> <thead> <tr> <th>NAME</th> <th>CITY/STATE</th> <th>ACCT #</th> <th>TELEPHONE</th> <th>CONTACT NAME</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						NAME	CITY/STATE	ACCT #	TELEPHONE	CONTACT NAME	1.					2.					3.					4.				
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<p>The applicant(s) certifies 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 authorize 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 and from time to time, 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 authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Beacon Funding and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled 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 express mailing of lease documents.</p>																																
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT		DATE		<input checked="" type="checkbox"/> CO-APPLICANT																										
DATE		DATE		DATE		DATE																										
FOR OFFICE USE ONLY																																
EQUIPMENT COST		DP VENDOR	DP BFC	FINANCED AMOUNT		NUMBER OF ADVANCE PAYMENTS																										
TERM	RT	MONTHLY PAYMENT		FILING FEE	TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO																											
END OF LEASE OPTIONS	FMV	FIXED %	FIXED \$	TRADE SHOW/MAG	OTHER																											