

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:
- Online: www.beaconfunding.com
- Phone:

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:

Corporate Headquarters:

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

phone:
fax:
email:

Web Address:
www.beaconfunding.com

apply online
www.beaconfunding.com



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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# (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? | | | | | | | | | |

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|--|--|-------------|----------------|---------------------|--|--|------------------|---------------------|--|----------------|--|
| 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 | | | |

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|-------------------------------|--|--------------------------------------|--|--|-----------------------------------|--|--|-----------|--------------------|--|
| 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 | | |
| BUSINESS LOAN/LEASE | | | | CITY/STATE | | | TELEPHONE | | | | |
| LOAN/LEASE# | | | | BALANCE \$ | | CONTACT NAME | | | SINCE | | |

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|-------------------------|--|--|--|--|------|------------|--------|-----------|--------------|--|
| TRADE REFERENCES | | | | | NAME | CITY/STATE | ACCT # | TELEPHONE | CONTACT NAME | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |

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.

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|----------------------|--|---|-----------------|------|----------|--|-----------------|--|----------------------------|--|
| SIGNATURE | | <input checked="" type="checkbox"/> APPLICANT | | DATE | | <input checked="" type="checkbox"/> CO-APPLICANT | | 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 | | |