

FINANCING APPLICATION

Company Name:			
D/B/A (if applicable):			
Business Type: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>			
Business Address (No PO Box):			
City:	State:	ZIP:	County:
Will Equipment be Stored at Address Listed Above? YES <input type="checkbox"/> <small>Text</small> No <input type="checkbox"/>			
Date Business Started:		Industry Type:	
Business Phone:		Fed Tax ID:	
Contact/Title:		#of Employees:	
Contact Cell Phone:		Email Address:	

OWNERSHIP INFORMATION

Owner (1) Name:		Title:	
% Ownership:	Social Security #	Home Phone#	
Home Address:		Home Owner: YES <input type="checkbox"/> No <input type="checkbox"/>	
City:	State:	ZIP:	
Owner (2) Name:		Title:	
% Ownership:	Social Security #	Home Phone#	
Home Address:		Home Owner: YES <input type="checkbox"/> No <input type="checkbox"/>	
City:	State:	ZIP:	

**If more than (2) owners please print out a separate application for additional ownership information.*

FINANCIAL INFORMATION

Bank Name:	Checking Account #
Average Bank Balance:	Yearly Gross Revenue:

EQUIPMENT/VENDOR INFORMATION

Equipment Type:		Equipment Cost \$	
New <input type="checkbox"/> Used <input type="checkbox"/>	If used, what year?	When You Need Equipment?	
Vendor:			
Vendor Contact:		Vendor Phone:	

SIGNATURE (S)

Delivery of this application bearing a facsimile signature(s) or typed signature(s) shall have the same force and effect as if the application bore an inked original signature(s). I hereby certify that the information contained in this file is true and accurate and I hereby authorize our banks, credit reporting agencies, and other institutions the right to release credit information to Beacon Hill Funding, LLC or their designee. The applicant, owner(s) and guarantor (if any) authorize Beacon Hill Funding, LLC or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing and collecting the account. By signing below, I agree to receive updates from Beacon Hill Funding regarding this account via email address.

Signature of Owner (1):	Date:
Signature of Owner (2):	Date:

TO APPLY, PLEASE COMPLETE THIS APPLICATION CLEARLY & EITHER:
 FAX TO: (978) 560-6398 OR EMAIL TO: MCAMPBELL@BEACONHILLFUNDING.COM
 FOR QUESTIONS CONTACT: MATT CAMPBELL (888) 853-1325 EXT: 17