

LEASE APPLICATION

SYMBOL OF



QUALITY

BUSINESS INFORMATION		FULL LEGAL NAME (Include DBA if applicable)			TELEPHONE		FACSIMILE		
BILLING STREET ADDRESS				CITY		COUNTY		STATE	ZIP
EMAIL ADDRESS					MOBILE #				
EQUIPMENT LOCATION (If different from above) STREET ADDRESS				CITY		COUNTY		STATE	ZIP
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		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP				

OWNER INFORMATION		NAME (Principal/Partner/Officer)			SOCIAL SECURITY NO.		HOME TELEPHONE		
HOME STREET ADDRESS				CITY			STATE		ZIP
OWNS HOME?		VALUE	MORTGAGE	W-2 LAST YEAR	CONTINUE EMPLOYMNT?	SPOUSE W-2		% OF BUSINESS OWNED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			
CO-APPLICANT				SOCIAL SECURITY NO.		HOME TELEPHONE			
HOME STREET ADDRESS				CITY			STATE		ZIP
OWNS HOME?		VALUE	MORTGAGE	W-2 LAST YEAR	CONTINUE EMPLOYMNT?	SPOUSE W-2		% OF BUSINESS OWNED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$			

EQUIPMENT TO BE LEASED		TOTAL ESTIMATED EQUIPMENT COST		EQUIPMENT DESCRIPTION (Mfg/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	
				\$					

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 my (our) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. I (we) 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 they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. I (we) further authorize any bank, financial institution or trade reference to release credit information on my (our) 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.

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