



EASY START FINANCING

Your first 7 payments are only \$100, with \$100 due at signing. Allow your equipment to produce revenue before making significant payments.

Payment Schedule

- The first payment of \$100 is due at agreement signing.
- Payments 2–7 are \$100 each.
- Remaining payments are as-low-as:

36 Months	48 Months	60 Months
.04039	.03036	.02491

Amount financed x payment factor = as-low-as payment estimate

Program Example

Equipment Cost	Due At Signing	Payments 2–7	Payments 8–60
\$30,000	\$100	\$100	\$747

Example based on a 60-month term and 10% end-of-term payment option

Terms

- All deals are subject to credit approval.
- The Easy Start program may not be available for deals greater than \$75,000.
- Standard terms typically range from 36 to 60 months.
- The end-of-term balloon payment or purchase option is 10%. Select states may require alternative end-of-term payment options.
- A down payment, shortened term, or increased monthly payment may be required based on time in business and credit quality.
- This program may not be available to start-up businesses.
- Contact your Beacon Funding financing consultant for additional details.

How To Apply

- Obtain a quote for your chosen equipment.
- Complete our one-page Business Credit Application on the reverse side and fax with equipment quote to your financing consultant.
- Your application may also be submitted online or by phone.
- You can expect a response from a Beacon financing consultant within 24–48 hours.
- All deals are subject to credit approval.

Corporate Headquarters

3400 Dundee Road, Suite 180
Northbrook, IL 60062
Phone: 800-866-6396
Fax: 847-291-3414



BUSINESS CREDIT APPLICATION

Please return application to:

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



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	CROSS COUNTRY 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 Cross Country Automotive Services to share with Beacon Funding pertinent relationship and activity information relating to applicant's Cross Country relationship. 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