

BEACON

FINANCING

For more information contact Beth Blumenthal : 800-788-3838

LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company				DBA	
Billing Address		City	County	State	Zip
Telephone No. ()		Fax No. ()		Contact Person	
Nature of Business		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corp. State	No. of yrs in Business (present ownership)	
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Corp.		

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No. ()
Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No. ()

TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City/State	Telephone No. ()	Contact Person
Name of Supplier	City/State	Telephone No. ()	Contact Person
Name of Supplier	City/State	Telephone No. ()	Contact Person

LANDLORD REFERENCE

Name	Contact	Telephone No.
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COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	How Long?	Acct. # _____ Loan _____ Chkg. _____	Telephone No. ()	Contact Officer
Name of Bank/Branch	How Long?	Acct. # _____ Loan _____ Chkg. _____	Telephone No. ()	Contact Officer

EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

Description (include make, model & serial #'s and any attachments)	Equipment Cost: \$
	Equipment Cost: \$

LOCATION OF EQUIPMENT

PAYMENT PLAN Term in Months: ___12___ ___24___ ___36___ ___48___ ___60___

By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

Signature: _____