



CHD Leasing, inc.

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

BUSINESS CREDIT APPLICATION

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								
OWNER INFORMATION		NAME (PRINCIPAL/PARTNER/OFFICER)			SOCIAL SECURITY #		HOME TELEPHONE		MOBILE TELEPHONE			
HOME STREET ADDRESS				CITY		STATE		ZIP				
OWNS HOME?		VALUE		MORTGAGE		W-2 LAST YEAR						
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$						
CONTINUE EMPLOYMENT?		SPOUSE W-2		% BUSINESS OWNED		EMAIL						
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$										
CO-APPLICANT				SOCIAL SECURITY #		HOME TELEPHONE		MOBILE TELEPHONE				
HOME STREET ADDRESS				CITY		STATE		ZIP				
OWNS HOME?		VALUE		MORTGAGE		W-2 LAST YEAR						
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$						
CONTINUE EMPLOYMENT?		SPOUSE W-2		% BUSINESS OWNED		EMAIL						
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$										
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 CHD Leasing 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 CHD Leasing 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 distribution of contract documents.</p>												
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT			DATE			<input checked="" type="checkbox"/> CO-APPLICANT			DATE	