



FINANCING APPLICATION

Legal Business 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 Street Address (No PO Box):	
City/State/ZIP:	
Date Business Started:	Federal Tax ID:
Business Phone:	Annual Sales:
Contact Mobile Phone:	Industry Type:
Email Address:	

OWNERSHIP INFORMATION

Owner (1) Name:		Title:
% Ownership:	Social Security #	Homeowner? Yes or No
Home Address:		
City:	State:	ZIP:
Owner (2) Name:		Title:
% Ownership:	Social Security #	Homeowner? Yes or No
Home Address:		
City:	State:	ZIP:

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

EQUIPMENT/VENDOR INFORMATION

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

WORKING CAPITAL REQUEST?

Would you also be interested in a Working Capital Loan? YES No
 If Yes, how much would you need? \$ _____
 Do you have any outstanding working capital loans? YES No If yes, balance? _____

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, Inc. or their designee. The applicant, owner(s) and guarantor (if any) authorize Beacon Hill Funding, Inc. 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, Inc. 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: (781) 325-4762 OR EMAIL TO: JOE@BEACONHILLFUNDING.COM
FOR QUESTIONS CONTACT: JOE TURCOTTE (781) 325-4762