

Leasing Application



P.O. Box 2852, Columbia Falls, MT 59912
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1. BUSINESS INFORMATION

Company Name: _____	Phone: _____	Fax: _____	Fed ID#: _____
Address: _____	City: _____	State: _____	Zip: _____ County: _____
Time in Business: _____	Email: _____	Webpage: _____	
Owner/President			Business Type: Proprietorship Partnership LLC LLP
Name/Title: _____	Date of Birth: _____		
Home Phone: () _____	Social Security #: _____ - _____ - _____		
Address: _____	% of Ownership: _____		
Name/Title: _____	Date of Birth: _____		
Home Phone: () _____	Social Security #: _____ - _____ - _____		
Address: _____	% of Ownership: _____		

2. REFERENCES

FINANCIAL REFERENCES			
Primary Business Bank _____	Officer: _____	Bank Phone #: () _____	
Account #: Checking _____	Savings: _____		
Secondary Business Bank _____	Officer: _____	Bank Phone #: () _____	
Account #: Checking _____	Savings: _____		
TRADE REFERENCES			
Firm Name: _____	Acct. #: _____	Phone #: () _____	
Firm Name: _____	Acct. #: _____	Phone #: () _____	
Firm Name: _____	Acct. #: _____	Phone #: () _____	
Firm Name: _____	Acct. #: _____	Phone #: () _____	

3. EQUIPMENT/VENDOR INFORMATION

VENDOR		
Vendor Name: _____	Company Name: _____	Phone: () _____
Address: _____	City: _____	State: _____ Zip: _____ County: _____
EQUIPMENT		
Equipment to be Leased: _____		
Total Price: \$ _____	Amount of Payment _____	
Terms: _____		

By signing, the undersigned individual as principal of an/or guarantor for the applicant, authorizes Beacon Leasing, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I (we) affirm that the foregoing information is true and correct and given for the purpose of obtaining credit and understand that if credit is extended, Beacon Leasing, Inc., and/or its assignees will rely on such information to secure the indebtedness. References are authorized to provide all relevant credit information to you. You are authorized to investigate my credit history with any of the banks or references listed above. I understand that Beacon Leasing, Inc. may check business credit record, the owner's credit record, and any statements made on the application. I give all business owners / creditors and my Accountant permission to give Beacon Leasing, Inc. any information (including tax returns and financial statements) you need to determine whether you want to grant me credit. I also understand that Beacon Leasing, Inc. will retain this application and information whether or not this request is approved. A fax or photocopy of this authorization shall be valid as the original. We understand that ANY information obtained will be treated confidentially. It will be used only in assisting the applicant in securing lease financing.

PLEASE READ AND SIGN

Signed _____

Dated _____