



BUSINESS INFORMATION

Business DBA		Business Legal Name	
Federal/Business Tax ID		Business Start Date	Length Of Ownership
Physical Bus. Address		Bus. State/Province	Zip/Postal Code
Bus. City		Bus. Phone	Bus. Fax
Email Address		Cell Phone	
Website Address		Amount Of Tax Lien(s) On Business Or Owner \$_____	Which One: Business/Owner/Both
Business Type _____ C Corp _____ LLC _____ Sole Prop _____ S Corp _____ LLP		Business Or Owner Ever File Bankruptcy _____ Yes _____ No	Which One: Business/Owner/Both
Product/Service Sold		Amount Of Judgment(s) On Business Or Owner \$_____	Which One: Business/Owner/Both
Avg Monthly Credit Card Sales	Avg Monthly Sales	Was The Bankruptcy _____ Dismissed _____ Discharged	When _____
Bus. Property Own / Lease	Term Of Lease	Landlord Name	
Monthly Rent/Mtg	Are You A Home-Based Business?	Landlord Phone	
Amount Requesting	Use Of Funds	Do You Currently Have Cash Advance(s)	Date(s) Of Advance(s)
Current Funder 1	Current Balance	Current Funder 2	Current Balance
Number Of Employees		Employee Benefits Offered: Retirement, Health, Both	

BUSINESS REFERENCES

Business Name	Phone Number	Name Of Contact
Business Name	Phone Number	Name Of Contact
Business Name	Phone Number	Name Of Contact

Initials _____ Pg 1 of 2

PERSONAL INFORMATION

Owner #1 Name		Owner #2 Name	
Home Address		Home Address	
Home City, St Zip		Home City, St Zip	
How Long At Current Address	Do You Own Your Home? ___ ___	How Long At Current Address	Do You Own Your Home? ___ ___
Home Phone		Home Phone	
Percentage Of Business Ownership	%	Personal Credit ___ Good ___ Fair ___ Poor	
Percentage Of Business Ownership	%	Personal Credit ___ Good ___ Fair ___ Poor	
Date Of Birth		Date Of Birth	
Social Sec. Number		Social Sec. Number	
Driver's License Number		Driver's License Number	

By signing and faxing or emailing us this Application you, the Client, certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above under the Business Information portion of this application for business funding and (ii) all information you provide within the Application and other supporting documents is true and complete and that you will notify us of material changes to such information. (iii) Mount Beacon Consulting (Consultant) arranges funding for businesses through a network of lenders and third-party funding companies. You understand and agree that it is your responsibility to perform any necessary due diligence to investigate the process and details. (iv) You understand and agree that Consultant and our agents and whomever Consultant assigns are authorized to contact third parties to make inquiries in evaluating your Application (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit or other lawful purpose. (v) You understand and agree that Consultant may provide credit and other information from the Application and the signing individual(s) and the company to third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and or company. (vi) You shall indemnify hold harmless and defend Consultant against any claim brought by a third-party regarding the accuracy of the information provided by you to Consultant. (vii) You understand and agree that Consultant may use the successful closing of your funding request in ads and marketing materials free of charge. (viii) You understand Consultant is offering their services on a "Best Efforts" basis and you agree and understand there is No Guarantee of funding. (ix) Authorization To Transmit Information: Client hereby authorizes Consultant to submit Client Application, complete an Online Application on Clients' behalf and forward or transmit any relevant documents or information required by the funding source or authorized party, and the Client shall hold Consultant harmless from any liability arising from the transmission of any of this information.

* Owner/Officer #1 Signature _____ Date _____

* Owner/Officer #2 Signature _____ Date _____



mountbeaconconsulting.com

Call Us For A FREE QUOTE:
845-765-8810

Email Us:
application@mountbeaconconsulting.com

Complete this form detailing all outstanding business debts. E-mail this completed form to our office and please remember that the more detail you include, the easier it will be for the Underwriter to accurately assess your opportunity. Note: If you have a large number of equipment finance agreements you can provide a combined total of those obligations in a single line.

Creditor/Lender Name and Loan Description	Origination Date	Original Loan Amount	Current Amount Outstanding	Monthly or Daily Repayment?	Required Minimum Monthly or Daily Payment Amount	Date Loan Will Be Paid Off?	Will You Settle This Debt With This Funding?	How Is This Secured?	Is This Debt Personally Guaranteed?

*For the purposes of this application, Credit Limits only refers to the limit of funds available on revolving lines of credit, credit cards or other kinds of revolving credit or debt. By typing your name below, each of the business and its owner or officer whose name you have entered below in this form (individually and collectively, "you") authorize Mount Beacon Consulting and its affiliates (individually and collectively, "us," "our" or "we") via electronic signature to verify information entered above using third-party information services and your credit report, and you agree that we may contact third parties to verify any such information relating to this form or your loan application. We may use information in this form for authentication purposes, to make credit decisions, and for related purposes. In the event your business funding application is approved for listing on our lender's marketplace, you agree that we may share certain information derived from this form, your business funding application or credit report, or other information collected from you during this application process with third parties. Such information will be displayed on the lender's marketplace with your listing, although it will only be viewable by institutional or accredited registered investors. In addition, you represent and affirm: (i) the information and statements contained herein are current, true and complete and are made under the penalty of perjury or un-sworn falsification to us to the extent permissible under applicable law; (ii) you are authorized to submit this form on behalf of the person and/or business whose name(s) you have entered in this form; (iii) you understand that this form does not commit us or our lender's to making a loan or advance; and (iv) you have read and agree to our Terms of Use and Privacy Policy located on our website www.mtbeacon.com.

Business Name _____

Owner Name _____ **Owner Signature** _____ **Date:** _____

Only Complete When Applying For A 1 To 5 Year Term Loan

APPLICANT PERSONAL PROFILE

Personal Residence: Rent or Own: _____

How Long at Personal Residence: _____

Previous Address If Under 5 Years: _____

What is applicant's highest level of education?: _____

What is the value of the applicant's personal cash balances?: _____

What is the value of the applicant's personal retirement assets?: _____

Value of the stocks, bonds, and other securities that the applicant owns?: _____

Do these figures include their spouse?: _____

Ever convicted of a crime?: _____

If Yes, please describe: _____

Are there any pending legal actions?: _____

Please describe what you are using the money for: _____

APPLICANT PERSONAL FINANCIAL PROFILE

Net Worth: _____

Annual Income: _____

Does the applicant have income from other sources (e.g. second job, investment/rental income)? _____

If Yes, What are the other sources?: _____

Does The Above Include Spouse's Income: _____

If so, how much is spouse's income: _____

APPLICANT BUSINESS PROFILE

Number of Employees: _____

Employee Benefits Offered: Retirement, Health, Both: _____

LIST COLLATERAL AND VALUE (ATTACH ADDITIONAL SHEET IF NECESSARY)

Owner #1 Signature _____ Date _____

Owner #2 Signature _____ Date _____

Documents Needed With Application

- Six (6) months of most recent Business Bank Statements - All Pages Required
- Photo ID (driver's license, Passport, State ID)
- Voided Business Check

Attach The Below Item Only If Applying For 18 Month Term Loan Program:

Most Recent Business Tax Return (If last years is not filed must send Previous Years and the Extension as well)

Attach The Below Items Only If Applying For 1 to 5 Year Term Loan Program:

Most Recent 2 Years Business Tax Returns (If last years is not filed must send Previous Years and the Extension as well)

Most Recent 2 Years Personal Tax Return (If last years is not filed must send Previous Years and the Extension as well)

Completed Debt Schedule – included in Application Package

Year End Balance Sheet for Last Year

Year End Income Statement (Profit & Loss) for Last Year

Current Year To Date Balance Sheet – within the last 60 days

Current Year To Date Income Statement (Profit & Loss) – within the last 60 days