



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 who's 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 _____



New and Used Equipment Financing Programs

Documents Needed:

Our Application

The most current three (3) months business bank statements

Provide Vendor invoice or Information on the equipment and vendor

**GET THE FUNDS you need to
UPGRADE YOUR EQUIPMENT and TECHNOLOGY**

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