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**FACSIMILIE**

**TO:** Joe Flynn  
**FAX:** (954) 522-7106  
**FROM:** \_\_\_\_\_  
**PHONE:** (\_\_\_\_\_) \_\_\_\_\_  
**PAGES:** Two (2) Including Cover  
**RE:** Loan Application

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**Please find the following loan application.**

**Thank you.**

# Beacon Marine Credit

# Internet Application for Boat Loan

<b>ABOUT YOUR TRANSACTION</b>	PURCHASE <input type="checkbox"/> REFINANCE <input type="checkbox"/>	<b>SELLER NAME</b> _____	DEALER/BROKER <input type="checkbox"/> PRIVATE <input type="checkbox"/>	<b>BOAT OWNERSHIP</b>	INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/>	CORPORATE <input type="checkbox"/> OTHER <input type="checkbox"/>	PLEASURE <input type="checkbox"/> LIVEBOARD <input type="checkbox"/>	CHARTER <input type="checkbox"/> OTHER <input type="checkbox"/>	
<b>BOAT INFO</b>	NEW <input type="checkbox"/> USED <input type="checkbox"/>	POWER <input type="checkbox"/> SAIL <input type="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	LENGTH _____	ENGINE MAKE _____	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE <input type="checkbox"/>	GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HP _____
<b>TRADE-IN INFO</b>	POWER <input type="checkbox"/> SAIL <input type="checkbox"/>	YEAR _____	MAKE _____	MODEL _____	LENGTH _____	ENGINE MAKE _____	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE <input type="checkbox"/>	GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HP _____	
<b>PREVIOUS BOATS OWNED:</b>									<b>INTENDED CLOSING DATE:</b>

PURCHASE PRICE	SALES TAX	CASH DOWNPAYMENT	TRADE ALLOWANCE	OWED ON TRADE	LOAN REQUEST	REQUESTED TERM
\$ _____	+\$ _____	-\$ _____	-\$ _____	+\$ _____	= \$ _____	_____ YRS

<b>Applicant</b>	FIRST NAME _____	MI _____	LAST NAME _____
HOME PHONE _____	WORK PHONE _____	E-MAIL _____	
SOCIAL SECURITY # _____	DATE OF BIRTH _____	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS _____	CITY/TOWN _____	STATE _____	ZIP _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE/RENT PMT. \$ _____	YRS. AT RESIDENCE _____	HOME VALUE \$ _____
PREVIOUS ADDRESS (if less than 5 years at current address)		CITY/TOWN _____	STATE _____
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	EMPLOYER _____	POSITION _____	YEARS EMPLOYED _____ Ownership % _____
PREVIOUS EMPLOYER (if less than 5 years at current employer)		POSITION _____	YEARS EMPLOYED _____
NEAREST RELATIVE'S NAME _____		RELATIONSHIP _____	PHONE _____
Are there any outstanding liens or judgements against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state annual amount \$ _____			

<b>Co-Applicant</b>	FIRST NAME _____	MI _____	LAST NAME _____
HOME PHONE _____	WORK PHONE _____	E-MAIL _____	
SOCIAL SECURITY # _____	DATE OF BIRTH _____	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS _____	CITY/TOWN _____	STATE _____	ZIP _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE/RENT PMT. \$ _____	YRS. AT RESIDENCE _____	HOME VALUE \$ _____
PREVIOUS ADDRESS (if less than 5 years at current address)		CITY/TOWN _____	STATE _____
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	EMPLOYER _____	POSITION _____	YEARS EMPLOYED _____ Ownership % _____
PREVIOUS EMPLOYER (if less than 5 years at current employer)		POSITION _____	YEARS EMPLOYED _____
NEAREST RELATIVE'S NAME _____		RELATIONSHIP _____	PHONE _____
Are there any outstanding liens or judgements against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state annual amount \$ _____			

INCOME	WAGES	INTEREST/DIVIDENDS	NET RENTAL	DISTRIBUTIONS	PENSIONS/SS INC	OTHER INCOME*	TOTAL INCOME
Applicant	MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/>						
Co-Applicant	MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/>						

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

### Personal Financial Statement

			Lending Institution	Monthly Payment
<b>ASSETS</b>	CURRENT BOAT VALUE	\$ _____	CURRENT BOAT LOAN BALANCE	\$ _____
	DEPOSIT ON BOAT BEING PURCHASED	\$ _____	PRIMARY MORTGAGE PAYABLE	\$ _____
	CASH, INVESTMENTS & SECURITIES	\$ _____	HOME EQUITY/SECOND MORTGAGE PAYABLE	\$ _____
	RETIREMENT ACCOUNT(S)	\$ _____	MORTGAGE ON SECOND RESIDENCE	\$ _____
	PRIMARY RESIDENCE (market value)	\$ _____	MORTGAGE(S) ON RENTAL PROPERTIES	\$ _____
	SECOND RESIDENCE (market value)	\$ _____	CREDIT CARDS	\$ _____
	RENTAL PROPERTIES (market value)	\$ _____	NOTES PAYABLE	\$ _____
	PRIVATELY OWNED BUSINESS INTEREST	\$ _____	LOANS ON VEHICLES AND EQUIPMENT	\$ _____
	OTHER ASSETS, INCLUDING VEHICLES	\$ _____	OTHER LIABILITIES	\$ _____
	<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

If you require more room to submit your financial information, please attach a separate page.

I (we) represent, warrant and affirm that all of the statements made by me (us) in this application are true and correct and have been made by me in order to induce you to grant credit to me and with the knowledge that you will rely thereon, without limiting the foregoing. I (we) represent and warrant that no lawsuits or judgements are pending or entered against me (us). I authorize any creditor to whom this application is forwarded to obtain any credit and employment history from any source and to answer questions about its credit experience with me (us). NOTICE: Consumer credit reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I (we) request, I (we) will be informed whether any consumer credit report(s) were requested and, if so, of the name and address of the consumer reporting agency which furnished the report(s). IMPORTANT INFORMATION ABOUT OPENING YOUR NEW ACCOUNT. TO HELP FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT.

MULTIPLE SIGNATURES INDICATES EACH APPLICANT'S INTENTION TO APPLY FOR JOINT CREDIT. "I" "ME" OR "MY" MEANS EACH APPLICANT WHO SIGNS BELOW. "YOU" OR "YOUR" MEANS BEACON MARINE CREDIT (a Beacon Credit Services LLC Servicemark).

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>
<b>X</b>	_____
<b>CO-APPLICANT'S SIGNATURE</b>	<b>DATE</b>
<b>X</b>	_____

<b>ALSO REQUIRED:</b>
<input type="checkbox"/> 2 yrs. 1040 Tax Returns (all schedules)
<input type="checkbox"/> 2 Yrs. Business Tax Returns (if self-employed)

**Beacon Marine Credit**  
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