



DIMENSION FUNDING, LLC

EQUIPMENT AND SOFTWARE FINANCING MADE SIMPLE

Dimension Funding, LLC
 Dan Gievers, Controller
 6 Hughes Suite 220, Irvine, CA 92618
 Ph: (800) 755-0585 x214 Fax: (949) 250-8042
dgievers@dimensionfunding.com

Commercial Finance Application



LEGAL COMPANY NAME		DATE ESTABLISHED (CURRENT OWNERSHIP)	WEB PAGE ADDRESS	
PRIMARY BUSINESS ADDRESS		CITY	STATE	ZIP CODE
DBA		EMAIL ADDRESS	TELEPHONE	FAX
BUSINESS STRUCTURE Check Box or specify <small>Partnership</small> <input type="checkbox"/> <small>Partnership</small> <input type="checkbox"/> <small>Corporation</small> <input type="checkbox"/> <small>LLC</small> <input type="checkbox"/> <small>OTHER</small> <input type="checkbox"/> <small>Specify other:</small> _____		NATURE OF BUSINESS		STATE OF INCORPORATION
		FEDERAL TAX NO.		

GUARANTORS / OWNERS		(1)	(2)	(3)
NAME				
STREET				
CITY, STATE, ZIP				
HOME NUMBER				
SOCIAL SECURITY NUMBER				
TITLE				
% OF OWNERSHIP		%	%	%
SIGNATURE (I agree to the authorization to obtain consumer credit report below)				

CREDIT REFERENCES					
BANK	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE

LEASES OR LOANS	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT

VENDOR NAME	ADDRESS	CITY	STATE	ZIP
CONTACT NAME & PHONE NUMBER			RESALE #	
EQUIPMENT DESCRIPTION		<small>NEW</small> <input type="checkbox"/>	<small>USED</small> <input type="checkbox"/>	TERM REQUESTED
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)			TOTAL INVOICE WITHOUT TAX	

Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Dimension Funding, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X _____ DATE _____

Name (please print): _____ TITLE _____