



## Commercial Finance Application



<b>LEGAL COMPANY NAME</b>		<b>DATE ESTABLISHED</b> <small>(CURRENT OWNERSHIP)</small>	<b>WEB PAGE ADDRESS</b>	
<b>PRIMARY BUSINESS ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DBA</b>		<b>EMAIL ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX</b>
<b>BUSINESS STRUCTURE</b> <small>Check Box or specify</small>		<b>NATURE OF BUSINESS</b>		<b>STATE OF INCORPORATION</b>
<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> _____		<b>FEDERAL TAX NO.</b>		

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 \_\_\_\_\_