



Dimension Funding, LLC

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Commercial Lease Application

ACCOUNT EXECUTIVE

Dave Goldstein

DATE:

LESSEE FULL COMPANY NAME		DATE ESTABLISHED (CURRENT OWNERSHIP)	WEB PAGE ADDRESS	
ADDRESS		CITY	STATE	ZIP CODE
TRADE STYLE OR NAME		EMAIL ADDRESS	TELEPHONE	FAX
BUSINESS STRUCTURE Check Box or specify <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER Specify other: _____		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

BUSINESS LANDLORD

CITY/STATE

PHONE NUMBER

CONTACT

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VENDOR NAME

ADDRESS

CITY

STATE

ZIP

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CONTACT NAME & PHONE NUMBER

RESALE #

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EQUIPMENT DESCRIPTION

NEW

USED

TERM REQUESTED

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EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)

TOTAL INVOICE WITHOUT TAX

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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 _____