



Dimension Funding, LLC

6 Hughes Suite 220 Irvine, CA 92618
(800) 755-0585 x249 Fax: (949) 250-8042
mgrimes@dimensionfunding.com

Commercial Lease Application

ACCOUNT EXECUTIVE

Mark Grimes

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 Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER <input type="checkbox"/> Specify other: _____		NATURE OF BUSINESS FEDERAL TAX NO. _____		STATE OF INCORPORATION

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

Lease / Loan

References	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT

BUSINESS LANDLORD	CITY/STATE	PHONE NUMBER	CONTACT

VENDOR NAME	ADDRESS	CITY	STATE	ZIP
CONTACT NAME & PHONE NUMBER			RESALE #	
EQUIPMENT DESCRIPTION			<input type="checkbox"/> NEW <input type="checkbox"/> USED	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 _____

