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Commercial Finance Application

rhastings@dimensionfunding.com LEGAL COMPANY NAME DATE ESTABLISHED (CURRENT OWNERSHIP) **WEB PAGE ADDRESS** PRIMARY BUSINESS ADDRESS CITY STATE ZIP CODE **EMAIL ADDRESS** DBA **TELEPHONE** FAX BUSINESS STRUCTURE Check Box or specify **NATURE OF BUSINESS** STATE OF INCORPORATION FEDERAL TAX NO. **GUARANTORS / OWNERS** (1) (2) (3) NAME STREET CITY STATE ZIP RENT OR OWN RENT OWN RENT OWN RENT __lown 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 EQUIPMENT DESCRIPTION** TERM REQUESTED EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE) TOTAL INVOICE WITHOUT TAX 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 ____