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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | Dimension Funding, LLC  **David Budman, Managing Director**  1439 W. Chapman Avenue, Suite 353 Orange, CA 92868  **Ph: (800) 755-0585 x204** [dbudman@dimensionfunding.com](mailto:dbudman@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 | | | | | | NATURE OF BUSINESS | | | | | | | | STATE OF INCORPORATION | |
| **Proprietorship** | **Partnership** | | **Corporation** | **LLC** | **Other** |  | |
|  |  | |  |  |  | **FEDERAL TAX NO.** | | | | | | | |
| Specify other: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VENDOR NAME | ADDRESS | CITY | | | | | STATE | | | | | | ZIP |
| Wine Technology Inc. dba VinWizard | 474 Walten Way | Windsor | | | | | CA | | | | | | 95492 |
| CONTACT NAME & PHONE NUMBER Kelly Graves – 720.284.2059 | | | | | | | | | | | | | |
| EQUIPMENT DESCRIPTION | | | **NEW** | | |  | | **USED** | | |  | TERM REQUESTED | |
| Winery production automation system | | | | **X** | |  | | |  |  | | 60 Months | |
| INSTALLATION LOCATION (IF DIFFERENT FROM LEGAL ADDRESS ABOVE) | | | | | TOTAL INVOICE WITHOUT TAX | | | | | | | | |
|  | | | | |  | | | | | | | | |

Authorization to Obtain Consumer Credit Report

By signing this application, the company signatory or Corporate Officer provides written instruction to Dimension Funding, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of the business 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** |  | | |