|  |  |
| --- | --- |
|  | Dimension Funding, LLC**David Budman, Managing Director**1439 W. Chapman Avenue, Suite 353Orange, CA 92868**Ph: (949) 608-2231**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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GUARANTORS / OWNERS (1) (2) (3)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  |  |  |
| STREET |  |  |  |
| CITY, STATE, ZIP |  |  |  |
| RENT OR OWN | **[ ]** RENT  **[ ]** OWN | **[ ]** RENT  **[ ]** OWN | **[ ]** RENT  **[ ]** OWN |
| DATE OF BIRTH |  |  |  |
| SOCIAL SECURITY NUMBER |  |  |  |
| TITLE |  |  |  |
| % OF OWNERSHIP |  | % |  | % |  | % |
| SIGNATURE **(I agree to the authorization to obtain consumer credit report below)** |  |  |  |
|  |  |  |  |  |
|  VENDOR NAME | ADDRESS | CITY | STATE | ZIP |
|  |  |  |  |  |
| CONTACT NAME & PHONE NUMBER |
| EQUIPMENT DESCRIPTION | **NEW** |  | **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** |  |