

Commercial Finance Application



LEGAL COMPANY NAME		DATE ESTABLISHED (CURRENT OWNERSHIP)		WEB PAGE ADDRESS	
PRIMARY BUSINESS ADDRESS			CITY		STATE
					ZIP CODE
DBA		EMAIL ADDRESS		TELEPHONE	
BUSINESS STRUCTURE Check Box or specify		NATURE OF BUSINESS			STATE OF INCORPORATION
Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER <input type="checkbox"/> Specify other: _____		FEDERAL TAX NO. _____			

GUARANTORS / OWNERS		(1)	(2)	(3)
NAME				
STREET				
CITY, STATE, ZIP				
RENT OR OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
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
Cayman Wireless, Inc	5634 Sam Snead Dr.	Harlingen	TX	78552
CONTACT NAME & PHONE NUMBER Gary Shield P: 956-444-2360				
EQUIPMENT DESCRIPTION			NEW <input type="checkbox"/>	USED <input type="checkbox"/>
			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 _____