



Commercial Lease Application

Dimension Funding, LLC

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Party Outfitters Dist., Inc.
PO Box 8489
Lacey, WA 98509
800-938-6426



NATIONAL ACCOUNTS MANAGER

Naomi McComb

DATE:

Form with fields: LESSEE FULL COMPANY NAME, DATE ESTABLISHED, WEB PAGE ADDRESS, ADDRESS, CITY, STATE, ZIP CODE, TRADE STYLE OR NAME, EMAIL ADDRESS, TELEPHONE, FAX, BUSINESS STRUCTURE, NATURE OF BUSINESS, STATE OF INCORPORATION, FEDERAL TAX NO.

GUARANTORS / OWNERS

(1)

(2)

(3)

Table with 3 columns for guarantors/owners, fields: NAME, STREET, CITY, STATE, ZIP, HOME NUMBER, SOCIAL SECURITY NUMBER, TITLE, % OF OWNERSHIP, SIGNATURE

CREDIT REFERENCES

Table with 6 columns: BANK, CITY/STATE, PHONE NUMBER, CONTACT, ACCOUNT #, TYPE

Table with 5 columns: MAJOR TRADE ACCOUNTS, CITY/STATE, PHONE NUMBER, CONTACT, ACCOUNT

Table with 4 columns: BUSINESS LANDLORD, CITY/STATE, PHONE NUMBER, CONTACT

Table with 5 columns: VENDOR NAME, ADDRESS, CITY, STATE, ZIP

Table with 2 columns: CONTACT NAME & PHONE NUMBER, RESALE #

Table with 3 columns: EQUIPMENT DESCRIPTION, NEW/USED, TERM REQUESTED

Table with 2 columns: 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...

Signature: X _____ DATE _____

Name (please print): _____ TITLE _____