



# COMMERCIAL CAPITAL

COMPANY, LLC

## 90 DAYS DEFERRED PAYMENT

# Easy Financing: 90 Day Deferred, 90 Day or 180 Day Same As Cash

## How it works: Easy Financing Programs (\$1 Buyout)

- 1** Deferred: Customer signs CCC Lease;  
Same As Cash: Customer signs CCC Lease and Cash Addendum
- 2** Reseller discounts invoice to CCC For:  
0% 90 Day Deferred  
2% 90 Days Same As Cash  
4% 180 Days Same As Cash
- 3** Customer pays Same As Cash price when paid to CCC within 90-180 days

## One payment at lease signing, a document fee

Municipal Lease options are available and quoted by request. We are a full scale leasing company giving you the confidence, trust, and assurance that we will get the credit application and do all the lease documentation for you in a timely fashion.

Being **respectful** of your relationship with your client is our **top priority**.



Commercial Capital Company, LLC

8215 Melrose Drive | Lenexa, KS 66214

Phone: 913.341.0053 | [credit@ccckc.com](mailto:credit@ccckc.com)

[WWW.CCCKC.COM](http://WWW.CCCKC.COM)





**Commercial Capital Company**  
 8215 Melrose Dr. Lenexa KS 66214  
 Office 913-341-0053 Fax 913-273-0409  
[www.ccckc.com](http://www.ccckc.com)

**CREDIT APPLICATION**

Sales Dept.: sales@ccckc.com	Credit Department email: credit@ccckc.com
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**BUSINESS INFORMATION**

Complete Legal Company Name:

CORPORATION 
  PROPRIETORSHIP 
  PARTNERSHIP 
  L.L.C. 
  MUNICIPALITY 
  NON PROFIT

STREET ADDRESS:		CITY	STATE	ZIP
COUNTY	PHONE #	CELL PHONE #	FAX #	
NATURE OF BUSINESS		OTHER BUSINESS NAMES USED		
FEDERAL I.D. #	DATE BUSINESS STARTED DATE OF INCORPORATION	YEARS UNDER CURRENT OWNERSHIP	D&B #	
Contact Name:	Contact email address:	Company website:	Contact direct line or extension:	

**OFFICERS/OWNERS/PARTNERS**

NAME #1		NAME #2	
TITLE	%owned	TITLE	%owned
SPOUSE	%owned	SPOUSE	%owned
RESIDENCE		RESIDENCE	
HOME PHONE	SOCIAL SECURITY #	HOME PHONE	SOCIAL SECURITY #
HAS ANY OWNER/OFFICER FILED BANKRUPTCY IN THE LAST 10 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES			

**BANK REFERENCES**

Bank Name	Phone #	Acct. # (List All)	Contact	Acct. Type

**TRADE REFERENCES**

Company Name	Phone #	Acct. #	Contact

**EQUIPMENT TO BE LEASED**

Qty	New/Used(Age)	Description		Term
EQUIPMENT LOCATION (Physical Address if different )				

**VENDOR INFORMATION**

COMPANY NAME	PHONE #	CELL #	CONTACT
Email Address:			

**Customer release:** The undersigned authorizes all parties contacted to release credit and financial information requested by Commercial Capital Company, L.L.C. or their assigns.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_