



# COMMERCIAL CAPITAL

COMPANY, LLC

## BAKERS DOZEN LEASE PROGRAMS

1

### Bakers Dozen 13 PAYMENTS

Equipment cost divided by 12 = the payments for 13 months  
Your customers will own the equipment after the last payment.

2

### Bakers Dozen Plus 20 PAYMENTS

Equipment cost divided by 18 = the payments for 20 months  
Your customers will own the equipment after the last payment.

3

### Bakers Dozen Plus 2 27 PAYMENTS

Equipment cost divided by 24 = the payments for 27 months  
Your customers will own the equipment after the last payment.



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)





# CREDIT APPLICATION

Commercial Capital Company  
 8215 Melrose Dr. Lenexa KS 66214  
 Office 913-341-0053 Fax 913-396-0419  
[www.cckc.com](http://www.cckc.com)

Sales Rep:	Credit Department Fax 913-396-0419	Credit Department Email: credit@ccckc.com
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## BUSINESS INFORMATION

Complete Legal Company Name:				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> 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	CONTACT PHONE	COMPANY WEBSITE	

## OFFICERS/OWNERS/PARTNERS

NAME #1		NAME #2	
TITLE	%owned	TITLE	%owned
EMAIL	BIRTHDATE	EMAIL	BIRTHDATE
RESIDENCE		RESIDENCE	
HOME PHONE	SOCIAL SECURITY #	HOME PHONE	SOCIAL SECURITY #

HAS ANY OWNER/OFFICER FILED BANKRUPTCY IN THE LAST 10 YEARS?  NO  YES

## BANK REFERENCES

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

## EQUIPMENT TO BE LEASED

Qty	New/Used(Age)	Description	Model #	Price (w/o Tax)	Term

EQUIPMENT LOCATION (Physical Address if different )

Lease Term Preferred:	Lease Type Preferred:
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## VENDOR INFORMATION

COMPANY NAME	PHONE #	FAX#	CONTACT
Email:	Website:		

**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: \_\_\_\_\_