



Salesman: Matt Peters 913-387-3207	Program
---------------------------------------	---------

BUSINESS INFORMATION

Complete Legal Company Name:				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> NON PROFIT				
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	PHONE #	CELL PHONE #	FAX #	
NATURE OF BUSINESS		Contact Name:		
		Email:		
FEDERAL I.D. #	DATE BUSINESS STARTED DATE OF INCORPORATION	YEARS UNDER CURRENT OWNERSHIP	D&B #	

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? 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

Please fax or email completed credit application to: 913.273.0413 or mattpeters@ccckc.com

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: _____