



Broker Application

John Woodward

jwoodward@ccckc.com | 512-426-6651

Please email a signed version of this credit application to jwoodward@ccckc.com

BUSINESS INFORMATION			
Business Name: _____			
<input type="checkbox"/> OWNER PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP			
STREET ADDRESS _____		CITY _____	STATE _____ ZIP _____
YEARS AT ADDRESS _____	PHONE# _____	CFL LICENSE # _____	
FEDERAL TAX I.D. # _____	DATE BUSINESS STARTED DATE OF INCORPORATION _____	YEARS UNDER CURRENT OWNERSHIP _____	
CONTACT NAME _____	CONTACT EMAIL _____	CONTACT PHONE _____	
PRINCIPALS			
NAME #1		NAME #2	
ADDRESS _____	STATE _____	ADDRESS _____	STATE _____
CITY _____	ZIP _____	CITY _____	ZIP _____
EMAIL _____		EMAIL _____	
PHONE _____	%OWNERSHIP & TITLE _____	PHONE _____	%OWNERSHIP & TITLE _____
SS# _____	DOB _____	SS# _____	DOB _____
NAME #3		NAME #4	
ADDRESS _____	STATE _____	ADDRESS _____	STATE _____
CITY _____	ZIP _____	CITY _____	ZIP _____
EMAIL _____		EMAIL _____	
PHONE _____	%OWNERSHIP & TITLE _____	PHONE _____	%OWNERSHIP & TITLE _____
SS# _____	DOB _____	SS# _____	DOB _____
FUNDING SOURCES			
NAME _____	CONTACT _____	EMAIL _____	PHONE _____
NAME _____	CONTACT _____	EMAIL _____	PHONE _____
NAME _____	CONTACT _____	EMAIL _____	PHONE _____
NAME _____	CONTACT _____	EMAIL _____	PHONE _____
OPERATIONAL OVERVIEW			
Do you specialize in any industries? If so, please list: _____			
Do you specialize in any equipment? If so, please list: _____			
What is your annual sales volume? _____	What is your average transaction size? _____		
What percentage of your business is: App Only _____	Financial Statements _____	Business Website: _____	

Broker Release: I/We, as either a principal of the applicant or a personal guarantor of applicant's obligations, authorize Commercial Capital Company, LLC (Commercial Capital) from time to time to obtain credit agency reports and to make other inquiries regarding the business or the principals, including contacting bank and trade references. Furthermore, I/we authorize each bank and trade reference to supply any requested information regarding my/our credit history to Commercial Capital in written, Fax or verbal form. I/We further authorize Commercial Capital to provide such information, and to report on its business relations with me/us to others. In addition, by signing this document we establish a business relationship with Commercial Capital. I/We authorize Commercial Capital to send information, advertising, and or other notification(s) to the above named business or individuals by e-mail, or any other means.

Please e-mail completed application to jwoodward@ccckc.com. You may submit a recent credit report on principals (less than 60 days old) and we will not pull an additional report.

Signed: _____ Title: _____ Date: _____

(insert electronic signature into data field, or print and hand-sign)