



# Milberg Factors Inc.

99 PARK AVENUE  
NEW YORK, N.Y. 10016  
(212) 697-4200  
(212) 697-4866 (FAX)

## CREDIT APPLICATION

FILL OUT COMPLETELY AND FAX BACK TO THE CREDIT MANAGER AT FAX NUMBER BELOW

RETURN TO: \_\_\_\_\_ FAX # (212) 697-4866 \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

CORPORATE NAME (IF DIFFERENT): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

STREET: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PREMISES:  OWNED  RENTED

OWNERS AND PARTNERS: (IF A CORP: PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER): PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER

NAME IN FULL	TITLE	YEARS WITH BUSINESS
_____	_____	_____
_____	_____	_____

FIRMS AND FACTORS WITH WHOM YOU HAVE CURRENTLY ESTABLISHED OPEN CREDIT: (WHICH YOU HAVE PAID)

REFERENCE # 1: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCT#: \_\_\_\_\_

REFERENCE # 2: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCT#: \_\_\_\_\_

REFERENCE # 3: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCT#: \_\_\_\_\_

FACTORED BY (IF APPLICABLE): \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS BANK: \_\_\_\_\_ ACCT#1 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ACCT#2 \_\_\_\_\_

ACCOUNT OFFICER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**FINANCIALS: PLEASE ATTACH A COPY OF YOUR LATEST YEAR-END FINANCIAL STATEMENT**

I authorize the above-mentioned bank and credit references to release the information requested to Milberg Factors, Inc. 99 Park Avenue, New York, NY 10016

Signature: \_\_\_\_\_ Date of Application \_\_\_\_\_