



10024 Office Center Ave. Suite 150
 St. Louis, MO 63128
 877.800.0806
 314.842.7880 fax

Industrial Finance Solutions

BUSINESS INFORMATION BUSINESS CREDIT APPLICATION

Legal Company Name _____ Type of Business _____
 Address _____ City _____ State _____ Zip _____
 Equipment Location (if different) _____ Years in Business _____
 Company Phone _____ Fax _____ Business Structure: Corp. Partnership Proprietor LLC
 State of Organization / Incorporation _____ Federal ID # _____ Website _____
 Contact Person _____ Phone _____ Email _____

EQUIPMENT INFORMATION

Milnor Dealer _____ Sales Rep _____ Requested Term: 24, 36, 48, 60 Months (Circle One) Other _____
 Equipment _____ Cost \$ _____ New Used / Approximate age of equipment: _____

PRINCIPAL INFORMATION

Name _____ Title _____ % Owned _____ Phone # _____
 Home Address _____ Social Security # _____ - _____ - _____
 Name _____ Title _____ % Owned _____ Phone # _____
 Home Address _____ Social Security # _____ - _____ - _____

BANK REFERENCES – Depository, Commercial Loans, and Lines of Credit

Bank Name 1 _____ Branch Location _____ Officer _____
 Phone # _____ Account # _____ Type of Account _____
 Bank Name 2 _____ Branch Location _____ Officer _____
 Phone # _____ Account # _____ Type of Account _____

TRADE REFERENCES

Name of Supplier _____ Phone # _____ Contact _____
 Name of Supplier _____ Phone # _____ Contact _____
 Insurance Name _____ Phone # _____ Contact _____
 Landlord _____ Phone # _____ Contact _____

SIGNATURES

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Milnor Capital or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of Milnor Capital. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Although authorized by Pellerin Milnor Corporation to offer a customer financing facility to Milnor Dealers, Milnor Capital, a dba of King Commercial Finance LLC, is not otherwise affiliated with Pellerin Milnor Corporation.

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____
 AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

Fax completed application to Tracie Morley at 314.842.7880

Questions?
Tracie Morley
 Sales Coordinator
 877.800.0806
 Tracie.Morley@MilnorCapital.com