

CREDIT APPLICATION

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

RETURN TO:	FAX # (212) 697-4866	
	YEARS IN BUSINESS:	
CORPORATE NAME (IF DIFFERENT):		
PHONE:	FAX:	
STREET:		
E-MAIL ADDRESS:	PREMISES: OWNED RENTED	
OWNERS AND PARTNERS: (IF A CORP: PRES	SIDENT, VICE-PRESIDENT, SECF	RETARY AND TREASURER):
NAME IN FULL	TITLE	YEARS IN BUSINESS
FIRMS AND FACTORS WITH WHOM YOU H		
REFERENCE #1:		FAX:
ADDRESS:		ACCT#:
REFERENCE #2:	2112112	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 information requested to Milberg Factors, Inc. 99 Park Ave, New York, NY 10016.

Signature:

Date of Application: