



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

Industrial Finance Solutions

877.800.0806  
314.842.7880 fax

BUSINESS APPLICATION

BUSINESS INFORMATION

Legal Company Name \_\_\_\_\_ DBA (if any) \_\_\_\_\_  
Business Structure:  Corp.  Partnership  Proprietor  LLC Industry \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Equipment Location (if different) \_\_\_\_\_  
Company Phone \_\_\_\_\_ Fax \_\_\_\_\_ Years in Business \_\_\_\_\_ Years Under Current Management \_\_\_\_\_  
State of Organization / Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_ Website \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Revenue (prior fiscal year)  <\$500,000  500,000 - \$1,000,000  \$1,000,000-\$5,000,000  >\$5,000,000

EQUIPMENT INFORMATION

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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To be completed for each owner of 20% or more. If there are additional owners, please list on Page 2.

BANK INFORMATION

Bank Name 1 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

TRADE REFERENCES

Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_

ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned individual acknowledges that the above noted Principals have been made aware of this business purpose application for credit to Milnor Capital or it 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 copy of this authorization shall be valid as the original. I understand that by providing our company's phone, fax or email information, I consent to receive all phone, fax or email communications sent by or on behalf of Milnor Capital. By signature below, I affirm the identity of the respective individual/s identified in the above application and acknowledge they have received authorization and notices of the application.

ALTHOUGH AUTHORIZED BY PELLERIN MILNOR CORPORATION TO OFFER A CUSTOMER FINANCING FACILITY TO MILNOR DEALERS, MILNOR CAPITAL, A DBA OF COMMERCIAL INDUSTRIAL FINANCE, INC. IS NOT OTHERWISE AFFILIATED WITH PELLERIN MILNOR CORPORATION.

AUTHORIZED SIGNATURE: X \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Jason Courter – Inside Sales – 314.635.2414

Send completed application to  
jason.courter@milnорcapital.com  
or  
314.842.7880 (fax)



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**ADDITIONAL PRINCIPAL/GUARANTOR INFORMATION**

**\*TO BE COMPLETED FOR EACH OWNER OF 20% OR MORE OF COMPANY\***

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Important Information about Procedures for Opening a New Account**

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person presented on this application. We may also ask for copies of drivers' licenses, tax IDs, or other identifying documents. By providing us with any telephone numbers for cellular phones or other wireless devices, you are expressly consenting to receiving any communications at those numbers - including but not limited to prerecorded or artificial voice message calls, text messages and calls made by an automatic telephone dialing system - from CIF, Inc. and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

**ECOA Notice**

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Deposit Insurance Corporation, Consumer Response Center, and 1100 Walnut Street, Box #11, Kansas City, MO 64106.