



Edge Capital

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MERCHANT APPLICATION

BUSINESS INFORMATION

Legal/Corporate Name		DBA	
Physical Address		City	State Zip Code
Mailing Address (If different from physical address)		City	State Zip Code
Telephone Number	Fax Number	Email Address	
State of Incorporation	Federal Tax ID	Date Business Started (mo/day/yr)	Hours of Operation
Type of Entity (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Sole Proprietorship			
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			
Product/Service Sold		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title		Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number		Cell Phone Number	

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/Owner Name		Title		Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number		Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location ____ Years ____ Months	Monthly Rent or Mortgage \$	Date Lease Ends(month/day/year) ____ / ____ / ____
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (____) ____ - ____

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Daily Withholding (% of credit card receipts) ____ %	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company (if applicable)	Current Balance \$ (if applicable)	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Applicant authorizes Edge Capital its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature _____
Date _____
Co-Signature _____
Date _____