



FAX BACK TO: 212-656-1635/ Ph: 212-797-1000

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***Please include 6 months of bank statements and credit card statements**

BUSINESS INFORMATION					
Legal/Corporate Name & type of business Partnership LP Corporation LLC Sole Proprietorship LLP Other			DBA:		
Physical Address:		City:		State:	Zip:
Telephone #:		Fax #:		Federal Tax ID:	
Date Business Started:		Length of Ownership:		Website/URL	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other_____				Email Address:	
Product Sold:			Service Provided;		
MERCHANT INFORMATION					
Corporate Officer/Owner Name:		Title:		Ownership %:	
Home Address:		City:		State:	Zip:
SSN:	Date of Birth:	Home #:		Cell #:	
PARTNER INFORMATION (if ownership is more than 30%)					
Partner Name:		Title:		Ownership %:	
Home Address:		City:		State:	Zip:
SSN:	Date of Birth:	Home #:		Cell #:	
BUSINESS PROPERTY INFORMATION					
Business Landlord or Mortgage Bank:		Contact Name and/or Account #:		Phone #: lease holder or landlord	
BUSINESS TRADE REFERENCES/ Vendors					
Business Name:		Contact and Account # if applicable		Name & Phone #:	
Business Name:		Contact and Account # if applicable		Name & Phone #:	
CREDIT CARD/TERMINAL INFORMATION					
Current Credit Card Processing Terminal Software Model:		Number of Terminals:		Average Monthly Volume:	
Balance (average):		Cards your business currently takes: Visa MasterCard Amex Discover Debit			
BANKING INFORMATION					
Bank Name:			Bank Account #:		
Contact Name and #:			Bank Routing #:		

EXISTING CASH / FINANCING PROVIDERS		
Name of Cash Provider:	Current Balance: \$	Do You Want to Pay Them Off?
Amount funded: \$	Date funded:	Rate:
ADDITIONAL SOURCES OF INCOME		
Other monthly income: A. Source: _____ Amount: \$ _____ B. Source: _____ Amount: \$ _____ C. Source: _____ Amount: \$ _____ D. Source: _____ Amount: \$ _____ TOTAL MONTHLY VOLUME: \$ _____		Add more sources of additional income here:
FINANCING REQUESTED		
Requested Advance Amount: \$	Date Cash is Needed:	Reason for Request:
Maximum Weekly Payment:		
MERCHANT QUESTIONNAIRE		
Have you or any principal ever filed for bankruptcy protection or considered filing for your business?		
Is there any pending, threatened, or recently field judgments, claims or tax liens against you or any principal? If yes, please specify.		
Are you current with rent and/or mortgage payments for your business? If not, please explain your current status.		
Agreement - I, or an authorized agent with my permission, have completed this application and certify all information is true and accurate. It is agreed that all documents furnished to Capital Edge Funding (CEF) belong to them and their funding sources, except as otherwise prohibited by applicable law. I authorize CEF & its Merchant Account Processors or assigns, to access my credit report, Dunn & Bradstreet and other financial resources to verify any information or credit on my behalf, electronically or otherwise.		
_____ Applicant's Signature	_____ Date	
_____ Co-Applicant's Signature	_____ Date	