

**Merchant Account Application**  
 Cutting Edge Bank Card Services, Inc  
 1322 Bell Avenue Suite 1L, Tustin CA, 92780  
 (800) 238-2771 Fax: (714) 258-7751



**CUTTING EDGE**

**BANK CARD SERVICES, INC.**  
 A Member Service Provider for US Bank, Minneapolis, MN

Your Sales Rep:

|  |                  |
|--|------------------|
| Business DBA Name:                         |                  |
| Address:                                   |                  |
| City/State/Zip:                            |                  |
| Business Phone:                            | Business Fax:    |
| Email Address:                             | Website Address: |
| Contact Name:                              |                  |
| Corporate Address (If Different):          |                  |
| Corporate City/State/Zip:                  |                  |
| Corporate Phone:                           | Corporate Fax:   |
| Corporate Contact Name:                    |                  |
| Time Zone (Circle One) EST CST MST PST HST |                  |

|   |                  |             |                     |
|---|------------------|-------------|---------------------|
| <b>Ownership Information: Percent Ownership Must Add Up to At Least 50%</b> |                  |             |                     |
| Owner First Name:   | Owner Last Name: | Title:      |                     |
| Percent Ownership:  | SSN:             | DOB:        | DL # /State Issued: |
| Owner Address:  |                  |             |                     |
| Owner City/State/Zip:   |                  | Home Phone: |                     |
| Owner First Name:   | Owner Last Name: | Title:      |                     |
| Percent Ownership:  | SSN:             | DOB:        | DL # /State Issued: |
| Owner Address:  |                  |             |                     |
| Owner City/State/Zip:   |                  | Home Phone: |                     |

|   |                        |                        |                         |                          |                 |
|---|------------------------|------------------------|-------------------------|--------------------------|-----------------|
| Year Established:   |                        | Current Ownership Yrs: | Current Ownership Mo:   | Prior Experience: YES NO | How Many Years: |
| Services You Sell (Be Specific):  |                        |                        |                         |                          |                 |
| Business Structure: Closely Held Corp Public Corp LLC Partnership Sole Prop Non-Profit (Circle One)                       |                        |                        |                         |                          |                 |
| FED Tax ID #:   |                        |                        | Current Processor Name: |                          |                 |
| Claims Or Lawsuits YES NO<br>Declared Bankruptcy YES NO (Circle One or Other For Each)                                    |                        |                        |                         |                          |                 |
| <b>Card Acceptance Method (Must Add Up To 100%. Internet Must be either 100% or 0%)</b>                                   |                        |                        |                         |                          |                 |
| Card Present Swipe:   | Card Present No Swipe: | Mail Order:            | Telephone:              | Internet:                |                 |
| Average Ticket:   |                        |                        | Est. Monthly Volume:    |                          |                 |
| <b>Please include a faxed copy of your voided business check to provide routing information for the deposit of funds.</b> |                        |                        |                         |                          |                 |
| Account Number:   |                        |                        | Routing Number:         |                          |                 |

|   |       |
|---|-------|
| <b>Merchant certifies that the above information is true, correct, and complete, and authorizes bank and/or leasing company to investigate, check credit history, and confirm the information contained herein.</b> |       |
| Signature:  | Date: |

|  |                            |                    |  |                       |
|--|----------------------------|--------------------|--|-----------------------|
| <b>Services Wanted (Circle Ones Wanted)</b>      |                            |                    |  |                       |
| Visa/MasterCard<br>YES NO                        | American Express<br>YES NO | Discover<br>YES NO | SCAN Check<br>YES NO                     | Debit - Pin<br>YES NO |
| If Existing American Express What Is The Number: |                            |                    | If Existing Discover What Is The Number: |                       |

\*PCI Compliance Fees

|                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
| Additional Comments & Information: |  |  |  |  |
|                                    |  |  |  |  |