



Merchant Cash Advance Application
Fax Back to 888-411-1347
For Questions Call 888-291-5540

Commercial Finance

239 New Road
 Suite A106
 Parsippany NJ 07054

www.ParkwayMerchantFunding.com

Merchant Information Sheet

Legal Business Name:		DBA Name:		% Ownership:	
Physical Address:		City:		State:	Zip:
Business Phone:		Business Fax:		Email:	
Total Monthly Sales: (cc & cash)	Type Of Business:	Years In Business:	Business Open Date:		
Time Remaining on Site Lease/Mortgage:		Landlord/Agent Name:		Landlord/Agent Phone#:	
Number of Locations:	9-Digit Federal Tax ID Number:	Are you current on your Rent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount Requested:		Is your business for Sale?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of Cash Advance:		Are you currently in bankruptcy ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you previously had a cash advance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is you business seasonal?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

CREDIT CARD PROCESSOR INFORMATION:

Current Processor:		Merchant Account Number:	
Terminal Type Currently Used:		Number of Terminals at Location:	
Length of Time with Current Processor:	Years:	Months:	

PRINCIPAL OWNER INFORMATION:

Principal Owner Name:		Social Security Number:		D.O.B.:	
Home Address:		City:		State:	Zip:
Home Phone:					
How long at Home Address:		Number of years at previous home address:		Estimated Current Annual Income:	
2 nd Owner Name:		Social Security Number:		D.O.B.:	
Home Address:		City:		State:	Zip:
Home Phone:		Mobile:			
How long at Home Address:		Number of years at previous home address:		Estimated Current Annual Income:	

Please attach the following items below with your Signed Application and Fax Back to 888-411-1347

- COMPLETED MERCHANT APPLICATION
- YOUR LAST FOUR (4) MONTHS OF VISA/MASTERCARD STATEMENTS - ALL DETAIL PAGE
- YOUR LAST THREE (3) MONTHS OF BUSINESS BANK STATEMENTS

I AM DULY AUTHORIZED TO SIGN ON BEHALF OF THE MERCHANT AND CERTIFY THAT ALL INFORMATION PROVIDED ON THIS MERCHANT CASH ADVANCE APPLICATION IS TRUE. THE UNDERSIGNED ON BEHALF OF MERCHANT AUTHORIZES PARKWAY FINANCIAL LLC OR ANY AGENT UTILIZED BY PARKWAY FINANCIAL LLC TO MAKE WHATEVER CREDIT OR RELATED INQUIRES IT DEEMS APPROPRIATE TO VERIFY AND RESEARCH ANY INFORMATION THAT MAY BE NECESSARY IN RELATION TO THIS APPLICATION.

 PRINTED NAME

 SIGNATURE

 DATE