



FACTOR **FUNDING** CO.

Phone: 713-660-8300 Toll free: 866-717-2274 Fax: 713-660-8311

SETTLEMENT & LAWSUIT CASH ADVANCE REQUEST

YOUR INFORMATION

In order to expedite the approval process, please print or write clearly and fill out the request completely. Additional information will be required prior to funding.

Your Name: _____ Phone: _____
 Nickname (AKA): _____ Fax: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Social Security Number: _____ Driver's License # _____ State: _____ Date of Birth: _____

CONTACT INFORMATION

Please list any additional contacts under Notes section

Email Address: _____ Your Attorney: _____
 Other (Facebook, Twitter, or LinkedIn, optional): _____ Phone: _____ Fax: _____
 Daytime or Work Phone #: _____ Name of Law Firm: _____
 Evening or Home Phone #: _____ Address: _____
 Spouse/Next of Kin: _____ Phone: _____ City: _____ State: _____ Zip: _____

CASE INFORMATION

FUNDING INFORMATION

Date/Time of incident: _____
 Address where incident occurred: _____
 City: _____ State: _____ Zip: _____
 Persons or properties harmed or damaged: _____
 Name(s) of defendant(s): _____
 Defendant's insurance: _____
 Policy /Case name /or number: _____
 Are there any liens against your case? Yes No. If yes, please specify: _____
 For Annuitants Only: 1. What are your payments: \$ _____
 In what State was your settlement made: _____

How much do you need: \$ _____
 Why do you need the funds: _____
 Have you been treated by a doctor? Yes No _____
 What is your diagnosis: _____
 Have you lost time from work because of this incident? Yes No _____
 Is your injury permanent? Yes No _____
 Did you have any pre-existing condition? Yes No _____
 Have you ever filed for bankruptcy or been sued? Yes No _____
 Have you ever been convicted of a felony? Yes No _____
 Notes: _____

CASE DETAILS & SUPPORT DOCUMENTS

Describe the facts concerning the incident and cause of injury. Attach additional sheets if necessary. Please provide copies of the applicable support documents.

Copy of Applicant's Driver's License

Copy of Settlement Agreement / Policy (Annuitants)

AUTHORIZATION & SIGNATURE

I understand that submission of this request does not obligate FACTOR to provide any financial services whatsoever. I further acknowledge that approval to fund may come only after the Board of Directors of the Underwriter approves said request and the documents offered, in accordance with the terms of Security Agreement. The above statements are true and correct to the best of my knowledge and belief. This serves as my permission for the release of any information regarding this request for the purpose of validation to FACTOR and or its designees or assignees or any other entity associated with the establishment.

Signed: _____ Date: _____ Print Name: _____ Phone: _____