



SETTLEMENT & LAWSUIT FUNDING REQUEST

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

AFTER FILLING OUT THIS APPLICATION, PLEASE EMAIL IT AND ALL NECESSARY SUPPORT DOCUMENTS TO apply@factorfunding.com OR FAX TO 713-660-8311

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: _____
Social media handle (Facebook, Twitter, LinkedIn, or Other): _____ 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

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: What are your payments: \$ _____
In what State was your settlement made: _____

FUNDING INFORMATION

Amount needed: \$ _____
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)
Describe case: _____

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: _____