



# 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

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: \_\_\_\_\_

### FUNDING INFORMATION

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: \_\_\_\_\_