ALTERNATIVE FUNDING SOLUTIONS: PLAINTIFF FUNDING APPLICATION

Please print. All information is strictly confidential. No credit check is required.

| A. CONTACT INFORMATION: | |
|---|---|
| Full name: | Date of Birth: |
| Home address: | E-mail address: |
| City, state: | Fax Number: |
| Zip code: | Social Security No.: |
| Phone number (day): | Phone number (evening): |
| B. AMOUNT OF MONEY REQUESTED: | |
| \$ | To be used for: |
| PAID OFF? Y N | Name of Company Amount of Advance |
| C. LAWSUIT INFORMATION: Attorney Information | |
| Attorney Name: | Phone number: |
| Firm Name: | Fax number: |
| Address: | E-mail address: |
| City, state: | Zip code: |
| Accident Information | |
| Type of case: (please circle all that apply) Auto Acc Medical Malpractice Workers Comp Third Party | |
| Your injuries: | |
| Treatment (surgeries, etc.): | |
| D. RECORDS & INFORMATION REL | EASE |
| Dear Attorney: | |
| I, the undersigned, hereby request and authorize your firm to information and documents pertaining to my current claim additionally request and instruct you to share your candid of Funding Solutions, its representatives, affiliates and agents. I understand that all information will be treated as privilege of underwriting my claim in consideration for a financial actinistructed by myself, my counsel or a lawful court order. | or lawsuit to Alternative Funding Solutions. I pinion(s) regarding my claim or lawsuit with Alternative d and confidential and will only be used in the limited capacity |
| Signature Date | |