

National Lawsuit Funding

APPLICATION

Please complete this application and fax back to National lawsuit Funding.

1-888-322-2400 • Fax 302-792-1800

www.nationallawsuitfunding.com

CLIENT INFORMATION:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Work: _____ Other phone: _____
Fax: _____

Advance Requested: \$ _____

ATTORNEY INFORMATION:

Name: _____ Phone: _____
Firm Name: _____ Fax: _____
Address: _____
City, State, Zip: _____

INCIDENT DETAILS:

Case Type: MVA ___ Premises Liability ___ Other ___
Worker's Comp ___ (see website on which states we can fund)

Date of accident or injury: ___/___/___ City: _____ State: _____

Description of Accident: _____

Description of Injuries: _____

National Lawsuit Funding agrees to pay either 10% or a minimum of \$50.00 which ever is greater to the consultant below when this client is funded.

Print consultant's name

Date

Signature of consultant

E.I.N. or social security number

Consultants Address

Consultants Phone

Consultants Fax

Consultants E mail