Case Portfolio Financing - Request for Application Package

This "fillable PDF form" can be completed on a computer. All information will be held in strictest confidence and will not be shared or used for any purpose other than processing this request. **Please complete all fields.**

Legal Entity Name:				
Primary Office Address				
Street:				
		State: Zip:		
Office Phone:	Firm Website:			
Year Firm Established: Nun	nber of Equity Partners:	Other Attorneys:	Staff:	
Primary Areas of Firm's Practice:				
Amount of financing requested: \$				
Proposed use of funds:				
Estimated total of projected net fees in	n firm's current case inventor	y: \$		
Does the firm currently have any finan-	cing or funding based upon i	its fees? Yes No		
If yes, indicate current total outstanding	g balance(s): \$			
If yes, lender(s)/funder(s) (they will not	be contacted):			
Primary Attorney Contact				
Name:	Position in Firm:			
Email:				
		Mobile Phone:		
Preferred method(s) of contact: Email	Phone Preferred	d davs/times		

TO SUBMIT FORM:

Law Firm

Completed form can be saved using the "SAVE FORM" button below, or printed using the "PRINT FORM" button, and then sent as an email attachment to: apply@AdvancedLegalCapital.com. (If using Adobe Acrobat linked to a default email account, you may be able to submit form directly via email using the "SUBMIT FORM" button.) Upon receipt of completed form, the appropriate application package will be emailed in confidence to the contact listed above the same business day, and an initial private consultation will be arranged at your convenience.