

BECAUSE MONEY DOESN'T COME WITH INSTRUCTIONS



THE FINANCIAL BRIDGE

# Attorney Funding Line of Credit Application

*Attorney Funding Provides the Capital So You Can*

*Focus on the Business of Law....  
And Not on Finance*

1<sup>st</sup> Choice Funding \* 17118 HH Hwy. \* Neosho, MO 64850 \* Phone 800.839.0939 x 110 \*  
Fax 800.839.0939 x 300 \* [www.1stchoicefunding.com/professionalindex.html](http://www.1stchoicefunding.com/professionalindex.html)



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## Attorney Line of Credit Application

Date: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Full Legal Name of Firm: \_\_\_\_\_

Type of Organization: P.C./P.A. \_\_\_\_ LLC \_\_\_\_ LLP \_\_\_\_ GP \_\_\_\_ Other \_\_\_\_\_

State in which the firm's legal entity was formed: \_\_\_\_\_

Principal business address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other business address(es), if existing or utilized during the past five years:

\_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX # \_\_\_\_\_

AMOUNT \$ REQUESTING: \_\_\_\_\_ Website: \_\_\_\_\_

Number of: \_\_\_\_\_ Equity Owners/Equity Partners \_\_\_\_\_ Associates/Employee  
\_\_\_\_\_ Non-Owner "Revenue Partners" \_\_\_\_\_ Paralegals/Legal Assistants

### Please answer the following questions:

1. Has the firm or any equity owner ever filed for bankruptcy protection or other relief from creditors?  
\_\_\_\_\_
2. During the past five years, have any of the equity owners or the firm practiced under another name? If so, please provide this name or names.  
\_\_\_\_\_
3. Has any partner, owner, member or associate of the firm been the subject of any disciplinary action? If so, please explain.  
\_\_\_\_\_
4. Does the firm have any existing secured financing (other than purchase money) and if so, with whom and briefly describe?  
\_\_\_\_\_





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**Please List Each Client Separately**

CLIENT'S NAME: \_\_\_\_\_

Co-Counsel Name: \_\_\_\_\_

Prior Attorney Name: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

CASE TYPE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

PROOF OF LIABILITY: YES/NO \_\_\_\_\_

MEDICAL \_\_\_\_\_ FUTURE MEDICAL \_\_\_\_\_

AMOUNT OF LIENS: (MEDICAL, HOSPITAL, LEGAL, SUBROGATION, WORKERS' COMP, CHILD SUPPORT, JUDGMENT, TAX, OTHER): \_\_\_\_\_

STATUS: \_\_\_\_\_ CASE# \_\_\_\_\_ CASE VALUE: \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ CLAIM # \_\_\_\_\_

POLICY LIMIT: \_\_\_\_\_ RESERVATION OF RIGHTS CLAIMED? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE ANY OF THE PARTIES OR THEIR INSURANCE CARRIERS IN BANKRUPTCY, RECEIVERSHIP OR LIQUIDATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE IDENTIFY SUCH PARTY: \_\_\_\_\_

**Document List for Case Funding**

- Pleadings
- Case Documents
- Discovery
- Damages
- Proof of Insurance or Solvency of Defendant



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## Terms & Conditions

Our firm agrees to compensate 1<sup>st</sup> Choice Funding according to the following fee schedule;

Law Firm Advances \$50,000.00 & Less	10% of Loan Amount
Law Firm Advances \$50,001.00 – 100,000.00	9.0% of Loan Amount
Law Firm Advances \$100,000.00 – 200,000.00	8.5% of Loan Amount
Law Firm Advances \$200,001.00 – 400,000.00	8.0% of Loan Amount
Law Firm Advances \$400,001.00 – 600,000.00	7.5% of Loan Amount
Law Firm Advances \$600,001.00 – 800,000.00	7.0% of Loan Amount
Law Firm Advances \$800,001.00 – 1,000,000.00	6.5% of Loan Amount
Law Firm Advances \$1,000,001.00 – up	6.0% of Loan Amount

I/We understand such fee's are applicable for the amount funded and are payment in full for the service rendered for securing funding. I/We understand and agree all such fees are due upon funding and in the event our firm is not funded all such fees are waived and no fees of any kind are due. I/We understand the fee schedule is separate from interest and per the terms of this agreement I/we hereby agree to compensate 1<sup>st</sup> Choice Funding per the disclosed fee schedule as outlined. I/We authorize fee directly deducted from the attorney funding and paid direct to 1<sup>st</sup> Choice Funding at the time of the funding transaction.

Principle Name	Signature	Date
Principle Name	Signature	Date
Principle Name	Signature	Date

Please Fed Ex or Fax All Requested Documentation To;

**1<sup>st</sup> Choice Funding  
 ATTN; Attorney Funding  
 17118 HH Hwy  
 Neosho, MO 64850**

**For Fax Documentation Please Call:  
 800-839-0939 ext 300 or  
 775-258-5387**