

AMERICAN ASSET FINANCE, LLC

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POST-SETTLEMENT FUNDING APPLICATION

Who is seeking the advance? **Client** **Attorney** **Both**

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: Day: _____ Evening: _____

Email Address: _____ Fax Number: _____

Amount Requested: _____

Gross Settlement Amount: _____

Who Is Paying the Settlement: _____

To Whom Payment Will Be Made: _____

FOR CLIENT ADVANCE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Net Amount of Client's Share: _____

Name of Attorney: _____

Firm Name: _____

Attorney Address: _____

Attorney City, State, Zip: _____

Attorney Telephone No.: _____ Attorney Fax No.: _____

Please forward a copy of the following:

- 1) Copy of Settlement Agreement and Release
- 2) Case caption, court and case number

FOR ATTORNEY ADVANCE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Amount of Fee & Disbursements: _____

Please forward a copy of the following:

- 1) Copy of Settlement Agreement and Release
- 2) Retainer Agreement with Client
- 3) Case caption, court and case number

▶ PLEASE FORWARD THE ABOVE INFORMATION TO FAX # 973-304-6011 ◀