

Quick and Easy Funding, LLC
P.O.Box #5307
Mt.Washington Md 21209
(410) 913-9897
(410) 602-1324 FAX

CLIENT APPLICATION

1. _____
Last Name Middle Name First Name

2. _____
Home Address

3. _____
Date of Birth Social Security Number

4. _____
Home Phone Number Cell Phone Number Additional Phone Number

5. _____
Date of accident (mm/dd/yyyy) and description of what happened

6. _____
Your Attorney's Name

7. _____
Your Attorney's Phone Number Your Attorney's Fax Number

8. \$ _____
The amount you are applying for

Your Signature

Date