

**Lottery/Gambling/Contest Winnings  
Quote Request Form**



Please fax completed form to 610-879-3732

**It is strongly suggested that you also fax a copy of the actual promissary note/relevant document(s) to receive the most accurate quote possible**

Office: 610-285-1528  
Toll Free: 800-216-1737  
Fax: 610-879-3732  
quotes@fastcash4paper.com

Please fill in this form as completely as possible - we will only call you if we need further information.

Full Name (required):

Phone Number(s) (required):

Date:

Email Address:

How did you hear about us:

Does Note Belong To You Personally? If No, Please Explain

Payment Type - circle one: **Lottery Winnings**      **Casino Winnings**      **Other**

If other, please explain:

Date of Win:

State/Location of Win:

Were you the sole winner?: Yes  No

If no: Number of winners and your share/percent you won:

Gross Amount Won (your share only if multiple winners):

Payment Frequency -circle one: **Monthly**      **Quarterly**      **Annually**      **Other**

If other, please explain:

Gross Amount of Each Payment:

Net Amount of Each Payment:

Date of First Payment:

Date of Final Payment:

**Information on Next 6 Periodic Payments Due to You:**

Due Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Due Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_

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**Have you previously sold any payments?:**

Yes  No

**If yes: To what company:**

**Does payment amount increase?:**

Yes  No

**If yes: Date of increase and to what amount:**

**How many payments would you like to sell?:**

**How much money do you want to receive?:**

**Name of Insurance Company or State/Agency Making Payments to You:**

**Additional Comments/Requests**  
- If you would like a quote on selling only a limited number of payments and/or only part of the monthly payment, or would like a specific amount of money please indicate such here: