Structured Court Settlement/Annuity 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. If settlement is related to worker's compensation please do not continue - we cannot legally purchase these settlements

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:	Annuity Medical M		urt Settleme ctice Wr	-		ent Other
If other, please explain:						
Total Amount of Settlement/Annuity, etc.:						
Payment Frequency -circle one:	Monthly		Quarterly		Annually	Other
If other, please explain:						
Amount of Each Payment:						
Date of First Payment:						
Date of Final Payment:						
Information on Next 6 Periodic I	Payments I	Due to	You:			
Due Date:			Amount Due	e:		
Due Date:			Amount Due	e:		
Due Date:			Amount Due	e:		
Due Date:			Amount Due	e:		
Due Date:			Amount Due	e:		
Due Date:			Amount Due	e:		
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:						

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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:	