



Application

Size of Credit Line Requested (\$100,000 - \$5,000,000)	
Contact Attorney	
Law Firm	
Law Firm Address	
Law Firm Phone Number	
Law Firm Fax Number	
Contact Attorney E-Mail Address	
Form of Organization	Corp. <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Please Specify)
Tax Identification Number	
Years in Business	
How many of the following does your firm employ?	Members/Partners Associates
Please describe your firm's primary practice area/s	
Number of currently pending cases	
Approximate amount of total fees currently due to law firm	
Number of Cases handled in 2007	
Does any other attorney or law firm have a financial interest in any of your cases?	No <input type="checkbox"/> Yes (Please describe)
Does the law firm currently maintain a line of credit or other borrowing?	No <input type="checkbox"/> Yes - Financial Institution Amount Outstanding
Do you or the law firm have malpractice/life insurance?	No <input type="checkbox"/> Yes - Amount of Insurance and Details



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Are there any pending or threatened lawsuits against the firm?	No <input type="checkbox"/> Yes (Please describe)	
Please provide a brief description of your firm's disaster recovery/back-up system	Description:	
Please provide three references for the firm.	Name	Phone
Provide the name <u>and</u> social security number for all law firm owners or equity partners.	Name	Social Security #

Your eligibility to participate in Peachtree's Attorney Cost Financing program will be determined within 36 hours of Peachtree's receipt of (1) this completed application AND (2) Federal Income Tax returns (last two years).

ALL PARTNERS/OWNERS/DIRECTORS OF THE LAW FIRM MUST SIGN APPLICATION AND AUTHORIZATION TO CONDUCT BACKGROUND CHECKS

I, individually and as an authorized representative of the law firm, understand that the information contained herein is being relied upon by Peachtree Attorney Finance LLC in making its decision to extend a line of credit pursuant to its ACF program. **I hereby certify that the foregoing information is true, complete and correct in all material respects.** I hereby authorize Peachtree Attorney Finance LLC to conduct any and all criminal and credit background reports, searches or checks, which it in its sole discretion and judgment deems necessary or advisable.

Signature

Date

Print Name

Title



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