

# Application

Advocate Capital, Inc.  
One Vantage Way, Suite C-200  
Nashville, TN 37228

Phone Number : (615) 377-6872  
Fax Number : (615) 377-9212



Name of Firm: .....

Street Address: .....

City: ..... State: ..... Zip Code: .....

Telephone: ..... Mobile: .....

Contact Name: ..... Title: .....

E-mail: ..... Form of Organization: .....

Tax Identification: ..... How did you hear about Advocate Capital? .....

How much money does your firm usually have invested in case expenses in active cases? \$ .....

What is your desired line of credit amount? \$ .....

Answering "Yes" to any of the following does not necessarily disqualify you. Has or does your firm, a partner of or an owner of your firm :

1. Been suspended or disciplined by the state bar or other regulatory agency ? Yes  No
2. Filed bankruptcy or any other insolvency proceedings ? Yes  No
3. Own or have a controlling interest in other concerns (i.e. greater than 50% of any other corporate entity)? Yes  No
4. Buy from, sell to or use the services of any concern in which an owner or employee has a significant interest? Yes  No
5. Have foreclosures or repossessions in their past ? Yes  No
6. Have any unsatisfied tax liens or other judgments ? Yes  No
7. Have any involvement as a defendant in any pending lawsuit ? Yes  No
8. Does your firm have any revenue sharing agreements ? Yes  No
9. Are there life insurance policies on the key lawyers in the firm ? Yes  No
10. Does your firm, or any partner have any of your current cases funded with any non-recourse financing company? Yes  No
11. Are you a member of any law firm/LLC other than the law firm name listed above? Yes  No

Please provide current YTD gross fee revenue and gross fees received over the most recent 3-year period:

2021 \$ ..... 2022 \$ ..... 2023 \$ ..... 2024 \$ ..... Year to Date

# Application



## Statements and Certifications

Fax Number : (615) 377-9212

I acknowledge receipt of written notice concerning my right to obtain a statement of the reasons for non-approval if my application is denied. This application has been executed by all partners and owners of the firm and authorizes Advocate Capital, Inc. to obtain personal credit reports and business credit reports at any time. I understand that additional information may be needed to complete this application.

I have reviewed all of the information submitted in connection with this application and it is true and complete to the best of my knowledge. Prompt notice will be given to Advocate Capital, Inc. regarding any change with respect to any of the foregoing information.

**Please have all partners and or guarantors complete the following sections.**

Name	Signature	Date	Social Security #	Complete Home Address	% of Ownership

## Equal Credit Opportunity Act Notice

Advocate Capital, Inc., One Vantage Way Suite C - 200 Nashville, TN 37228

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please write or call: Credit Compliance Manager, One Vantage Way, Suite C-200 Nashville, TN 37228, phone (615) 377-6872 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because all or part of the exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning the creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC, 20552, and the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

**The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the evaluation process.**

## USA Patriot Act Notice - Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you? When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We will also ask you to forward a copy of your driver's license or other identifying documents.