

ATTORNEY CONSENT FORM:

I hereby authorize and consent to have **Henry Waxman at Funding Factoring Solutions**, and/or its agents, representatives, employees, perform any and all necessary searches to investigate and evaluate this application for an Attorney Advance, including, but not limited to, background checks, credit checks, and any type of search relating to my financial status or that of my firm. I further acknowledge that Attorney Financial Services will use this information to process this application and will materially rely on all of the information contained in this application to determine advance eligibility. I further represent that, on behalf of the law firm and myself, I am authorized to consent to this investigation and enter into an Attorney Advance Agreement with Attorney Financial Services.

I understand that I must make myself available via telephone to discuss my cases with the underwriter for Attorney Financial Services as part of the underwriting process.

Signed: _____

Date: _____

Name:

Title:

Henry Waxman

CCFC

henrywaxman@msn.com

www.funding-factoring-solutions.com

Phone #302-323-1975

Fax #302-338-8171