

# ***FAX COVER SHEET***

**TO:** Sable-Law CLIENT FINANCING APPLICATION from WEB SITE

**FROM:** \_\_\_\_\_

**Referral From:** Law Office Name: \_\_\_\_\_

**PHONE:** \_(\_\_\_\_\_)\_\_\_\_\_ ***Please Print Clearly***

**ATTORNEY NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PAGES:** \_\_\_\_\_ Including This Cover Sheet

***Please Print Clearly***

**MEMO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out the information below.

Legal Fee Amount: \$ \_\_\_\_\_ Type of Case: \_\_\_\_\_  
(Criminal, Family Law, Probate, Business, etc...)

**Fax Back To: 866-473-0945**

(Toll-Free Fax Number)

This information is only intended for use as intended by the individual named above. If you are not the intended recipient, you are hereby notified that any dissemination or distribution of copy of this facsimile is strictly prohibited. Immediately notify us by telephone if you have received this facsimile in error.

**Sable-Law**

6240 Mayfield Rd., Suite 207 ♦ Cleveland, Ohio 44124

Phone: 440-473-0944 ♦ Fax: 440-473-1132

**PLEASE PRINT CLEARLY**

Type of Loan Request: Collateral or Non-Collateral Purpose of Loan: Legal Fees

Amount Requested: \$ \_\_\_\_\_ Legal Contact Person: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Phone: \_\_\_\_\_

**Application Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at Current Address: \_\_\_ YR \_\_\_ Months

Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

*Previous Address Information*

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at Previous Address: \_\_\_ YR \_\_\_ Months

SS#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Dependents: \_\_\_\_\_

**Co-Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at Current Address: \_\_\_ YR \_\_\_ Months

Phone: (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

*Previous Address Information*

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at Previous Address: \_\_\_ YR \_\_\_ Months

SS#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Dependents: \_\_\_\_\_

**Employment Information**

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Employers Phone #: (\_\_\_\_) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Time on Job: \_\_\_\_\_ YR \_\_\_\_\_ Months

Gross Income: \$ \_\_\_\_\_

***Previous Employer***

Employers Name: \_\_\_\_\_

Time on Job: \_\_\_\_\_ YR \_\_\_\_\_ Months

Other Income: \_\_\_\_\_

Frequency: \_\_\_\_\_

**Co-Applicant Employment Information**

Employers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Employers Phone #: (\_\_\_\_) \_\_\_\_\_

Title/Position: \_\_\_\_\_

Time on Job: \_\_\_\_\_ YR \_\_\_\_\_ Months

Gross Income: \$ \_\_\_\_\_

***Previous Employer***

Employers Name: \_\_\_\_\_

Time on Job: \_\_\_\_\_ YR \_\_\_\_\_ Months

Other Income: \_\_\_\_\_

Frequency: \_\_\_\_\_

**Applicant/Co-Applicant Housing Information**

Circle One: Renter Home Owner

Circle One: Apt. Home Condo Mobile

Owns Land Rent Lot

*Mortgage Information:*

Who Holds: \_\_\_\_\_ \$ \_\_\_\_\_ /mo.

Balance: \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_

Home Value: \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ \$ Down \_\_\_\_\_

*Second Mortgage Information:*

Who Holds: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

**Assets/Financial**

Checking Account: Y / N

Checking Account #: \_\_\_\_\_

Savings Account: Y / N

Savings Account #: \_\_\_\_\_

Title Vehicles in you household?

List:

Year Make Model Financed Pmt

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Other Assets: \_\_\_\_\_

## Sable-Law

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www.sable-law.com

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**Firm Name:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_

**Firm Phone Number:** \_\_\_\_\_ **PLEASE PRINT CLEARLY**

### Consent Form

By submitting the above application to become a client of Sable Systems, Inc. d.b.a. SABLE-LAW (hereinafter "Sable-Law") and providing the information contained therein (hereinafter "Client Information"), you hereby consent to, agree and authorize Sable-Law to release, disclose, disseminate, share, copy and/or otherwise produce the Client Information to any employees, independent contractors, officers, directors, members, partners, joint ventures, or other representatives of Sable-Law, as well as to any vendors, lending institutions, banks or any other third-parties associated with Sable-Law by and through any legal or contractual relationship. You further understand and agree that any use and/or disclosure of such Client Information is necessary within the context of your relationship with Sable-Law to assist you in a search for financial assistance, including but not limited to an application for an approval of credit or loan of any sort (hereinafter "Financial Assistance"). Therefore, you hereby authorize Sable-Law to use such Client Information to assist you in such a search for Financial Assistance. Upon written request provided to Sable-Law, you may obtain a copy of any Client Information, which you have previously provided to Sable-Law. In the event that you decide at any time to withdraw your consent to use your Client Information as provided for herein, you must provide written notice of such to Sable-Law at 6240 Mayfield Rd., Suite 207, Cleveland, Ohio 44124 via certified or registered U.S. Mail seven calendar days prior to such withdrawal taking effect. Sable-Law reserves the right to substitute the aforementioned address to which written notification must be sent at any time. You also hereby agree to waive and release Sable-Law from any and all claims in law or in equity resulting from Sable-Law's use, possession, release, disclosure, dissemination, sharing, copying and/or other production of your Client Information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Street Address/Apt. No.)

\_\_\_\_\_  
(Street Address/Apt. No.)

\_\_\_\_\_  
(City/ State/ Zip Code)

\_\_\_\_\_  
(City/ State/ Zip Code)

Date: \_\_\_\_\_

Date: \_\_\_\_\_