

RSL FUNDING, LLC

National Processing Center

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www.RapidSettlements.com

Referral Source Registration Form

Note: Formal registration is required for referral sources to receive referral fees, commissions, or other incentives from Rapid Settlements, Ltd. All fields must be completed.

Name: _____ Date: ____/____/____
Month Day Year

Firm or Charity (if applicable): _____

Make any checks payable to: Me personally or The firm named above or The charity named above

SSN or Taxpayer ID Number of Recipient: _____

Mailing Address: _____
City State Zip

Phone: Day: (____)-____-____ Evening: (____)-____-____ Cell: (____)-____-____

E-mail: _____ Fax (optional): (____)-____-____

How did you hear about Rapid Settlements? _____

With regard to the typical applicants who you plan to refer, what is your relationship?

- Attorney
- Broker
- CPA or Accountant
- Financial Planner/Advisor
- Insurance Agent
- Other: _____

Comments/Client Referrals/Other Information: _____

**Fax or Mail to our
National Processing Center**

Signature