

American Dispute Resolution Center, Inc.
“Fast-Trac Solutions”™ Submission Form

Date: _____

Please complete the following:

Name of Party 1

Name of Party 2

Address

Address

City, State & Zip Code

City, State & Zip Code

Telephone Fax

Telephone Fax

Type of Business (if any)

Type of Business (if any)

Name of Attorney or Representative

Name of Attorney or Representative

Name of Firm or Company

Name of Firm or Company

Address

Address

City, State & Zip Code

City, State & Zip Code

Telephone Fax

Telephone Fax

Signature of Party or Representative

Signature of Party of Representative

The parties named above agreed to submit this dispute to the American Dispute Resolution Center, Inc. under their applicable rules.

Procedure Agreed Upon: Mediation Med/Arb
 Other: _____

Nature of Dispute: _____

Estimated Value of Dispute: _____

Location of Hearing: _____

If we choose arbitration, the parties agree to abide by any award rendered in this matter, which is validated by the signatures above.