

# Authorization For Information

In Connection With A Business Account Application

WELLS  
FARGO

Banker Name:	Officer/Portfolio Number:	Date:
TAMEZ, REBECA	C9876	10/30/2017
Banker Phone:	Branch Number:	Banker AU:
281/815-1058	02288	0068472
		Banker MAC:
		T0083-010

## Business Account Applicant

Business Name:
USA FERRAND LLC
Enterprise Customer Number (ECN):
593677231953211

## Owner/Key Individual 1 Information

Customer Name:	Residence Address:
ALCIDES FERRAND	12203 OLD WALTERS RD APT 1018
Enterprise Customer Number (ECN):	Address Line 2:
399795531623519	
Position/Title:	Address Line 3:
Date of Birth:	
02/12/1979	
Phone Number:	
832/457-2326	
Taxpayer Identification Number (TIN):	TIN Type:
648-40-9103	SSN
City:	State:
HOUSTON	TX
Primary ID Type:	Primary ID Description:
DLIC	41221690
Primary ID St/Ctry/Prov:	Primary ID Issue Date:
TX	02/27/2017
	Primary ID Expiration Date:
	02/12/2022
Secondary ID Type:	Secondary ID Description:
OTHR DC	WF VISA DC
Secondary ID State/Country:	Secondary ID Issue Date:
	Secondary ID Expiration Date:

Directional Address:  
(Document when no physical residence, business or alternate street address.)

## Signature Capture - Owners/Key Individuals

By signing this form, I authorize Wells Fargo Bank, N.A. ("the Bank") to obtain verifications and reports from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application for the above-named business and any other account applications by this business. I understand the Bank requests this information for legitimate business reasons including reducing fraudulent accounts and preventing access to financial information and accounts by unauthorized persons. Should the information obtained from any such report cause the Bank to deny the account application for the business, I also authorize the Bank to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize the Bank to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by the Bank and its affiliates.

# Business Account Application

WELLS  
FARGO

Bank Name:	WELLS FARGO BANK, N.A.			Branch Name:	FRY & WEST LITTLE YORK		
Banker Name:	TAMEZ, REBECA			Officer/Portfolio Number:	C9876	Date:	10/30/2017
Banker Phone:	281/815-1058	Branch Number:	02288	Banker AU:	0068472	Banker MAC:	T0083-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name:			Purpose of Account 1:	
Wells Fargo Business Choice Checking			General Operating Account	
COID:	Product:	Account Number:	Opening Deposit:	Type of Funds:
808	DDA	7728179040	\$200.00	CARD

New Account Kit:	Checking/Savings Bonus Offer Available:	Bonus Offer Code:
bb-004906734	YES	6HCVTP

## Related Customer Information

Customer 1 Name:	
USA FERRAND LLC	
Enterprise Customer Number (ECN):	Account Relationship:
593677231953211	Sole Owner
Customer 2 Name:	
ALCIDES FERRAND	
Enterprise Customer Number (ECN):	Account Relationship:
399795531623519	Signer

## Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement:	Statement Mailing Address:	
USA FERRAND LLC	12203 OLD WALTERS RD APT 1018	
	Address Line 2:	
	City:	State:
	HOUSTON	TX
	ZIP/Postal Code:	Country:
	77014-2894	US

Customer Copy



**Customer 1 Information**

Customer Name:

USA FERRAND LLC

Enterprise Customer Number (ECN):

593677231953211

Account Relationship:

Sole Owner

Street Address:

12203 OLD WALTERS RD APT 1018

Address Line 2:

Address Line 3:

City:

HOUSTON

State:

TX

ZIP/Postal Code:

77014-2894

Country:

US

Business Phone:

832/457-2326

Fax:

Cellular Phone:

Pager:

e-Mail Address:

Website:

Sales Market:

NATIONAL

NATIONAL

NATIONAL

NATIONAL

NATIONAL

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**Bank Use Only**

Name/Entity Verification:

Cert of Formation

Address Verification:

DACC Reference Number:

6173030001342

Document Filing Number/Description:

802808338

Filing Country:

US

Filing State:

TX

Filing Date:

09/07/2017

Expiration Date:

Country of Registration:

US

State of Registration:

TX

International Transactions:

Check Reporting:

NO RECORD

28G2307 (3-17 SVP)

Customer Copy

**Owner/Key Individual 1 Information**

Customer Name: ALCIDES FERRAND			Residence Address: 12203 OLD WALTERS RD APT 1018	
Business Relationship: Owner with Control of the Entity			Address Line 2:	
Position/Title:	Date of Birth:	Percent of Ownership:	Address Line 3:	
	02/12/1979	100.0		
Enterprise Customer Number (ECN): 399795531623519			City: HOUSTON	State: TX
Taxpayer Identification Number (TIN): 648-40-9103		TIN Type: SSN	ZIP/Postal Code: 77014-2894	Country: US
Primary ID Type: DLIC	Primary ID Description: 41221690		Country of Citizenship: CU	Permanently Resides in US: YES
Primary ID St/Ctry/Prov: TX	Primary ID Issue Date: 02/27/2017	Primary ID Expiration Date: 02/12/2022	Check Reporting: NO RECORD	
Secondary ID Type: OTHR DC		Secondary ID Description: WF VISA DC		
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		