

Authorization For Information

In Connection With A Business Account Application

WELLS
FARGO

Banker Name:	Officer/Portfolio Number:	Date:
JESSICA LOPEZ	C0000	03/05/2020
Banker Phone:	Branch Number:	Banker AU:
/	07057	0075725
		Banker MAC:
		A0109-140

Business Account Applicant

Business Name:
PATTYWACKERS LLC
Enterprise Customer Number (ECN):
132899052014510

Owner/Key Individual 1 Information

Customer Name:	Residence Address:
DARREL R WILSON	10448 ALABAMA AVE
Enterprise Customer Number (ECN):	Address Line 2:
78334172002316	
Position/Title:	Date of Birth:
	10/30/1986
Phone Number:	Address Line 3:
818/282-2116	
Taxpayer Identification Number (TIN):	TIN Type:
625-16-4222	SSN
City:	State:
CHATSWORTH	CA
Primary ID Type:	Primary ID Description:
PASP	545944096
ZIP/Postal Code:	Country:
91311-2103	US
Primary ID St/Ctry/Prov:	Primary ID Issue Date:
US	02/29/2016
Primary ID Expiration Date:	Directional Address:
02/28/2026	(Document when no physical residence, business or alternate street address.)
Secondary ID Type:	Secondary ID Description:
OTHR DC	WELLS FARGO 3853
Secondary ID State/Country:	Secondary ID Issue Date:
Secondary ID Expiration Date:	
	06/30/2021

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.



Owner/Key Individual 1 Name

DARREL R WILSON

Position/Title:



Owner/Key Individual 1 Signature



Submit manually



Signature not required

Date:

