Consumer Account Application



Country:

ate and Time EDNESS)

Bank Name:		Store Name:	Store Name:		
WELLS FARGO BANK, N.A.		WILSHIRE-ARDMOF	WILSHIRE-ARDMORE		
Banker Name:		Officer/Portfolio Number:	Date:		
CATHERINE J.SANTOS		900750	05/03/2017		
Banker Phone:	Store Number:	Banker AU:	Banker MAC:		
213/383-3887	04520		E2190-011		
To help the government fight the funding of terrori dentifies each person (individuals and businesses) other information that will allow us to identify you. New Account Information	who opens an account. What this n	neans for you: When you open an accou	ınt, we will ask for your name, ad		
Product Name;		Account Number:	Product:		
Wells Fargo Teen Checking		The Content Name of the Content of t	DDA		
Purpose of Account:	9	Minor: COID:			
Personal/Household		114			
New Account Kit: Martinezm565@gmail.com		Check No.	Checking/Savings Bonus Offer Available:		
Related Customers					
Customer Name:		Account Relationship:		9	
JAQUELINE MARTINEZ		Primary Joint C	Primary Joint Owner (or)		
EUSTAQUIO MARTINEZ-PEREZ		Secondary Joint	Secondary Joint Owner (or)		
tatement Mailing Information					
ustomer(s) Listed on Statement:		Statement Mailing Address:			
AQUELINE MARTINEZ			4411 W 3RD ST APT 304		
, · · · · · ·	1,	Address Line 2:		9 1	
USTAQUIO MARTINEZ-PEREZ					
SERVICE STREET	6430 v 8	City:	J.	State:	
* **		LOS ANGELES		CA	



ZIP/Postal Code:

90020-4006