Credit Inquiry Request

For faster processing, please complete the form Online before printing.

WELLS FARGO

This form is for use by creditors requesting account information (includes deposit accounts, loans, and lines) on Wells Fargo Bank, N.A. customers. Please complete the form, obtain the customer authorization signature and fax request to 1.844.879.0544.
Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Request To Balance Confirmation Services.....1-844-879-0544
Online Instructions.....www.wellsfargo.com/vod

SECTION 1: CREDITOR / VENDOR INFORMATION

ALL FLORIDA PAPER LLC
Company Name

NANCY LEON
Attention

9150 NW 105 WAY
Street Address

Street Address

MEDLEY
City

FL
State

33178
Zip

786 - 369 - 4640
Requester Phone Number

786 - 369 - 4508
Return Fax Number

SECTION 2: WELLS FARGO CUSTOMER INFORMATION

Wells Fargo Business Account Name

Wells Fargo Consumer Account Name

ACCOUNT NUMBER IS REQUIRED FOR PROCESSING

Please list the specific deposit account, loan or business line number for each account you would like processed.

SECTION 3: CUSTOMER AUTHORIZATION

I authorize and direct Wells Fargo Bank, N.A. to release any of the following information to the above named requester on the above listed deposit accounts, loans, lines and/or cards: Account Number, Account Type, Account Open Date or Customer since Date, Account Holders, Average or current Balance in general figure range, amount of credit extended, current amount outstanding in general figure range, account status of Open or Closed, Closed Date and Current Interest Rate. In addition CDs and IRAs may include Term, Maturity Date, Interest Payment, Interest Method and Penalty. For Commercial Accounts: I understand that a fee may be charged for this service as stated in the Wells Fargo Bank, N.A. schedule of fees or Treasury Management Pricing Disclosures applicable to the accounts above.

Printed Name of Authorized Signer for Customer | **Signature of Authorized Signer for Customer** | **Date**