Commercial Credit and/or Deposit Account Inquiry

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

WELLS FARGO

This form is for use by companies requesting account (includes deposit accounts, loans, and business lines and cards) information on Wells Fargo Bank, N.A. commercial 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:.....1-844-879-0544
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

South East Personnel Leasing
Company Name

Accounts Receivable
Attention

2739 U.S. Highway 19 North
Street Address

Street Address

Holiday FL 34691
City State Zip

727-938-5562
Requester Phone Number

727-748-4616
Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Wells Fargo Customer Name

Wells Fargo Customer Name

Deposit Account Nos., Loan Nos. and/or Business Line(s) and Cards Nos. (Required)

/ / 20
Month Day Year

SECTION 3: CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank, N.A. to release the following information to the above named requester on my deposit accounts, loans and/or business lines and cards listed above: customer since date or open date of account, whether or not account is closed, average balance or current balance in a general figure range, and amount of credit extended and current amount outstanding in a general figure range. 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.

Printed Name of Authorized Signer for Customer

Signature of Authorized Signer for Customer

Date