Commercial Credit and/or Deposit Account Inquiry

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



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.

	Service																						
			SE	СТ	ON	1:	REC	UE	ST	ER	NF	ORI	MAT	ΙΟΙ	1								
$\neg \neg \neg \neg$		П	Т	Т	Т					Г		Г			Г					Г	Π		
Company Name												<u> </u>										<u> </u>	
				Τ	Τ													Π	Π				
Attention		ш											_										
		П	Т	Т	Т	Π				Π				Π	Π		Π	Π	Π	Г	Π		
Street Address					<u> </u>					<u> </u>	<u> </u>				<u> </u>	<u> </u>			<u> </u>				
		П	П	Τ																			
Street Address												_			<u> </u>								
				\top	Т	Π]	Г	Т	7			Г		
City	<u> </u>					<u> </u>										Sta	ate	_	Zip				<u> </u>
$\neg \neg \neg \neg \neg$		آ ـ [Τ]									-				-				
Requester Phone Nu	mber	J L				ı						Retu	irn F	ax N	umb	er			•		_	•	
			SI	=CI	ION	2-	CUS	STC	ME	R II	NEC)RM	ΙΔΤ	IQ.									
									4111			4211	الدون										
Vells Fargo Custome	r Name	 		_	Т							<u> </u>							_	Г			Ι
Volla Forge Customs	r Noma																						
Vells Fargo Custome	INAITIE)epo:	sit Ac	cour	nt No	s., L	oan	Nos.	and	/or B	usine	ess L	_ine(s) ar	nd Ca	ırds l	Nos.	(Red	uire
						Π	П										Ī	Ī				Ì	
						_						<u> </u>	<u> </u>	<u> </u>			<u></u>	<u></u>	-	<u> </u>			<u> </u>
						L	Щ																<u> </u>
										l	1	1										1	l
												L									L	L_	\mathbb{L}_{-}
	□ / F	210)			<u>_</u>						<u> </u>						Ī					
Month Da		2 0) Year																				
Month Da		2 0	Year	ECT	ΓΙΟΙ	\ 3:	CU	STC	OME	R A	\UT	НО	RIZ	ATI	ON								
authorize and direc	y t Wells Fa	argo B	Year S ank, N	.A. to	rele	ase	the f	ollov	ving	info	rma	tion	to th	e ab	ove						-		
authorize and direc	y t Wells Fa and/or bu	argo B	Year S ank, N s lines	.A. to	rele	ase s list	the fo	ollov	ving e: cเ	info ıstor	rma ner s	tion since	to the	ie ab	ove ope	n da	te of	acc	ount	, wh	ethe		
authorize and direc	y t Wells Fa and/or bu erage ba	argo B siness	Year Sank, N s lines or curr	.A. to and ent b	rele cards	ase s list ce in	the force	ollov bove enera	wing e: cu al fig	info ıstoı jure	rmat ner s	tion since je, ai	to the date	ie ab te or mou	ove ope nt of	n da cred	te of	acc xten	ount	t, wh	ethe		



The signer of the South East Employee Leasing, Inc. Client Leasing Agreement MUST provide a copy of their **Driver's License** and **Social Security Card** for approval.

If you are unable to attach a photocopy of your Social Security Card, please provide the following information:

Company Name:	
Social Security Number:	
Name:	
Address:	

Page 2 of 2 Revised 5/15/19