

CREDIT CARD UNDERWRITING WORKSHEET

Applicant Jeffrey Epstein Beacon Score 698
NES, LLC

Co-Applicant _____ Beacon Score _____

INCOME:

DEBT:

Gross Monthly: _____ Mortgage/Rent: _____

_____ Equity Line/Loan: _____

Other: _____ Auto Loan: _____

Total Income(A) _____ Installment Pymts: _____

BANKING: ☐ Yes ☐ No Revolving Pymts: _____
(5% of bal from credit report)

Checking _____ Savings _____ Alimony/Child Support: _____

Other: _____ Other: _____

Established since: _____ Proposed Payment: _____

EMPLOYMENT (5% of credit limit)

Verified on: _____ Total Expenses(B) _____

Verified with: _____

(B) \$ _____ divided by (A) \$ _____ =

Visa ☒ Visa Gold _____ MC _____

Business
Credit Limit: \$ 25,000.00

Ref. _____
Office _____

Overdraft Protection: ☐ Yes ☐ No Auto P _____

Approved By: [Signature] Date: _____

Approved By: _____ Date: _____

Exceptions to policy: NO financial statement or business tax returns Personal
Justification: _____

SA BUSINESS CREDIT CARD APPLICATION

CREDITOR: PALM BEACH NATIONAL BANK & TRUST CO. BRANCH # _____ REFERRED BY: _____

1. COMPANY APPLICANT
 COMPANY NAME: NES, LLC NATURE (TYPE) OF THE BUSINESS: Real Estate

INDICATE TITLE DESIRED ON THE CARD: (LIMITED TO 24 SPACES)

MEMBER

BILLING ADDRESS: 9 East 71st Street STREET: New York CITY: New York STATE: ZIP CODE: 10021

TYPE OF ORGANIZATION (PLEASE CHECK): LLC DATE BUSINESS ESTABLISHED: FEDERAL EIN NUMBER:
☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP

NAME OF CONTACT PERSON: Eric Gany COMPANY TELEPHONE NUMBER: ()

2. OWNER/OFFICER/PARTNER INFORMATION
 OWNER(S)/OFFICER(S)/PARTNER(S) WILL BE REQUIRED TO PERSONALLY GUARANTEE ACCOUNT(S). GUARANTOR(S) MUST COMPLETE THIS SECTION AND SIGN AT THE BOTTOM OF THE REVERSE SIDE OF THIS APPLICATION.

GUARANTOR 1: FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER
 Jeffrey E. Epstein

RESIDENTIAL ADDRESS: 358 El Brillo Way STREET: Palm Beach, FL 33480 CITY: STATE: ZIP CODE: 10 YEARS AT ADDRESS

OWNERSHIP STATUS: MONTHLY MORTGAGE/RENTAL PAYMENT HOME TELEPHONE NUMBER
☒ OWN ☐ RENT ☐ OTHER: n/a \$ ()
 POSITION WITH COMPANY: % OF OWNERSHIP TIME WITH COMPANY: OFFICE TELEPHONE NUMBER
 Sole Member 100 3 yrs ()

GUARANTOR 2: FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

RESIDENTIAL ADDRESS: STREET: APT#: CITY: STATE: ZIP CODE: YEARS AT ADDRESS

OWNERSHIP STATUS: MONTHLY MORTGAGE/RENTAL PAYMENT HOME TELEPHONE NUMBER
☐ OWN ☐ RENT ☐ OTHER: \$ ()
 POSITION WITH COMPANY: % OF OWNERSHIP TIME WITH COMPANY: OFFICE TELEPHONE NUMBER
 ()

3. BANKING & OTHER CREDIT CARD RELATIONSHIPS

PRIMARY BANK: Chase Bank BUSINESS CHECKING ACCOUNT # OTHER ACCOUNTS
☐ LOAN ☐ SAVINGS ACCT ☐ CREDIT CARD

OTHER BANK: Palm Beach Bank TYPE(S) OF ACCOUNT(S): Personal account of Guarantor
☐ CHECKING ACCOUNT ☐ LOAN ☐ SAVINGS ACCOUNT ☐ CREDIT CARD

AMERICAN EXPRESS ACCOUNT NUMBER: DATE OPENED: BALANCE:

CORPORATE CARD? ☐ YES ☐ NO

VISA BUSINESS OR ACCOUNT NUMBER: DATE OPENED: BALANCE:

CORPORATE CARD? ☐ YES ☐ NO

MASTERCARD BUSINESS OR ACCOUNT NUMBER: DATE OPENED: BALANCE:

CORPORATE CARD? ☐ YES ☐ NO

4. AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
Shannon Pascuzzi			☐ YES ☒ NO	\$ 10,000.00
Emmy Tayler			☐ YES ☒ NO	\$ 10,000.00
Jonitha Mackenzie			☐ YES ☒ NO	\$ 5,000.00
			☐ YES ☐ NO	\$

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$

5. BILLING OPTIONS

☒ ONE CONSOLIDATED MONTHLY STATEMENT ☐ INDIVIDUAL ACCOUNTS BILLED SEPARATELY EACH MONTH

☐ STANDARD QUARTERLY REPORTS PACKAGE ☐ ENHANCED REPORTS PACKAGE OPTION (CALL US FOR DETAILS)

6. SIGNATURE

Applicant represents that this information is true and complete, and authorizes creditor to verify the information and obtain additional information concerning Company's credit standing, and to furnish such credit information to others. Company agrees to be bound by and obligated according to the creditor's VISA Business Card Regulations.

Applicant represents and warrants that the credit card account will be used primarily (50% or more) for other than personal, family household or agricultural purposes. Applicant understands that this representation is to confirm that no disclosures are required under the Federal Truth-in-Lending law.

Applicant requests establishment of an account for each authorized user designated above or on the attached list, as may be amended in writing from time to time by Applicant. Each such designated person is an authorized user and shall have the authority to use the account designated for such authorized user until the creditor is notified to the contrary in writing by the Company.

APPLICANT SIGNATURE: DATE: 8/10/

PRINT NAME: JEFFREY EPSTEIN CORPORATE TITLE: Member

EFTA00186432

1 BUSINESS CREDIT CARD APPLICATION

CREDITOR: PALM BEACH NATIONAL BANK & TRUST CO. BRANCH # _____ REFERRED BY: _____

1. COMPANY APPLICANT
 COMPANY NAME: NES, LLC NATURE (TYPE) OF THE BUSINESS: REAL ESTATE

INDICATE TITLE DESIRED ON THE CARD: (LIMITED TO 24 SPACES)

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BILLING ADDRESS: 9 EAST 71ST STREET STREET: NEW YORK CITY: NY STATE: 10021 ZIP CODE:

TYPE OF ORGANIZATION (PLEASE CHECK): LLC DATE BUSINESS ESTABLISHED: _____ FEDERAL EIN NUMBER: _____
☐ CORPORATION ☐ PARTNERSHIP ☒ PROPRIETORSHIP

NAME OF CONTACT PERSON: ERIC GANY COMPANY TELEPHONE NUMBER: _____

2. OWNER/OFFICER/PARTNER INFORMATION
 OWNER(S)/OFFICER(S)/PARTNER(S) WILL BE REQUIRED TO PERSONALLY GUARANTEE ACCOUNT(S). GUARANTOR(S) MUST COMPLETE THIS SECTION AND SIGN AT THE BOTTOM OF THE REVERSE SIDE OF THIS APPLICATION.

GUARANTOR 1: FIRST NAME JEFFREY MIDDLE INITIAL E. LAST NAME EPSTEIN DATE OF BIRTH 1/20/53 SOCIAL SECURITY NUMBER _____

RESIDENTIAL ADDRESS: 358 EL BARRIO WAY STREET: MANHATTAN CITY: FL STATE: 33480 ZIP CODE: 10 YEARS AT ADDRESS

OWNERSHIP STATUS: DOWN MONTHLY MORTGAGE/RENTAL PAYMENT \$ 0 HOME TELEPHONE NUMBER _____
☐ DOWN ☐ RENT ☐ OTHER:

POSITION WITH COMPANY: MEMBER % OF OWNERSHIP 100 TIME WITH COMPANY: 3 yrs. OFFICE TELEPHONE NUMBER _____

GUARANTOR 2: FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

RESIDENTIAL ADDRESS: _____ STREET: _____ APT#: _____ CITY: _____ STATE: _____ ZIP CODE: _____ YEARS AT ADDRESS _____

OWNERSHIP STATUS: _____ MONTHLY MORTGAGE/RENTAL PAYMENT _____ HOME TELEPHONE NUMBER _____
☐ DOWN ☐ RENT ☐ OTHER:

POSITION WITH COMPANY: _____ % OF OWNERSHIP _____ TIME WITH COMPANY: _____ OFFICE TELEPHONE NUMBER _____

3. BANKING & OTHER CREDIT CARD RELATIONSHIPS

PRIMARY BANK CHASE BANK BUSINESS CHECKING ACCOUNT # _____ OTHER ACCOUNTS ☐ LOAN ☐ SAVINGS ACCT ☐ CREDIT CARD

OTHER BANK: Palm Beach Bank TYPE(S) OF ACCOUNT(S): PERSONAL ACCOUNTS OF GUARANTOR
☐ CHECKING ACCOUNT ☐ LOAN ☐ SAVINGS ACCOUNT ☐ CREDIT CARD

AMERICAN EXPRESS ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: _____

CORPORATE CARD? ☐ YES ☐ NO

VISA BUSINESS OR ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: _____

CORPORATE CARD? ☐ YES ☐ NO

MASTERCARD BUSINESS OR ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: _____

CORPORATE CARD? ☐ YES ☐ NO

4. AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT) SOCIAL SECURITY # SIGNATURE CASH ADVANCE ACCESS? CREDIT LIMIT

SHANNON PASCUZZI [REDACTED] [REDACTED] ☐ YES ☒ NO \$ 10,000.00

Emmy TAYLER [REDACTED] [REDACTED] ☐ YES ☒ NO \$ 10,000.00

JONITHA MACKENZIE [REDACTED] [REDACTED] ☐ YES ☒ NO \$ 5,000.00

☐ YES ☐ NO \$ _____

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$ _____

5. BILLING OPTIONS

☒ ONE CONSOLIDATED MONTHLY STATEMENT ☐ INDIVIDUAL ACCOUNTS BILLED SEPARATELY EACH MONTH

☐ STANDARD QUARTERLY REPORTS PACKAGE ☐ ENHANCED REPORTS PACKAGE OPTION (CALL US FOR DETAILS)

6. SIGNATURE

Applicant represents that this information is true and complete, and authorizes creditor to verify the information and obtain additional information concerning Company's credit standing, and to furnish such credit information to others. Company agrees to be bound by and obligated according to the creditor's VISA Business Card Regulations.

Applicant represents and warrants that the credit card account will be used primarily (50% or more) for other than personal, family household or agricultural purposes. Applicant understands that this representation is to confirm that no disclosures are required under the Federal Truth-in-Lending law.

Applicant requests establishment of an account for each authorized user designated above or on the attached list, as may be amended in writing from time to time by Applicant. Each such designated person is an authorized user and shall have the authority to use the account designated for such authorized user until the creditor is notified to the contrary in writing by the Company.

APPLICANT SIGNATURE: JEFFREY EPSTEIN DATE: 8.6.01

PRINT NAME: JEFFREY EPSTEIN CORPORATE TITLE: MEMBER

VISA® Business Card Regulations

Palm Beach National Bank & Trust Co.
3931 RCA Blvd. Suite 3102
Palm Beach Gardens, Florida 33410

The undersigned Holder agree the following terms and conditions:

Dated this 6 day of August, 2001.
Jerry [Signature]
Name of Holder
By:
Authorized Signature
[Signature]
Title

1. Agreement. These regulations govern the possession and use of VISA Business Cards ("card") issued by Issuing Financial Institution ("Issuer"). Each party that applies for a VISA Business Card is referred to in these regulations as a Holder. Issuer shall establish an account for each person designated by Holder as an authorized user ("Authorized User"). Holder consents and agrees to these regulations and to the terms contained on the cards, any sales drafts, credit adjustment memos or cash advance drafts signed by or given to Holder or any Authorized User. The provisions of these regulations, as they may be amended from time to time as provided in these regulations, govern Holder's obligations, notwithstanding any additional or different terms contained in the cards, sales drafts, credit adjustment memos and cash advance drafts or any other documents evidencing an account transaction. Holder authorizes an investigation of its credit standing prior to the issuance of cards and at any time thereafter, and authorizes disclosure of information to third parties relating to its credit standing. If Holder or Authorized User requests any VISA Business Card services, Holder or Authorized User consents to the release of Holder's or Authorized User's personal data to VISA USA, Inc. and its member financial institutions and/or their respective contractors for the purposes of providing such services.

2. Membership Fees. A nonrefundable annual membership fee of \$ n/a will be assessed per card for the first n/a card(s) issued, \$ n/a per card if n/a cards are issued, \$ n/a per card if n/a cards are issued, and \$ n/a per card if n/a cards are issued. Holder represents that cards will be used exclusively for business purposes and not for personal, family, household or agricultural purposes.

3. Use of Card. Credit for purchases from a merchant or cash advances from a participating financial institution may be obtained by presenting the card to the merchant or participating financial institution, and, if requested, by providing the proper identifying information and signing the appropriate drafts. Failure to sign a draft does not relieve the Holder of liability for purchases made or cash received. The card may also be used to obtain cash advances from certain automated equipment provided it is used with the correct personal identification number ("PIN"). The amount and frequency of cash withdrawals may be limited. Except as provided below with respect to Holder's liability for unauthorized use where Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable up to a maximum of \$50.00 for the unauthorized use of a card or PIN issued at Holder's request for charges that occur before Issuer receives notification orally or in writing of loss, theft or possible unauthorized use of a card or PIN. If Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable for any and all unauthorized use of a card. Unauthorized use is any use by an individual other than Authorized User if without the knowledge or consent of the Holder. Any use of the card or PIN by an Authorized User, or by any other with the knowledge or consent of the Authorized User, or Holder, is authorized use. Lost or stolen cards or PINs should be reported immediately to Issuer by notifying Bankcard Center, P.O. Box 1111, Madison, WI 53701-1111, Telephone [Redacted] or 1-800-221-5920. Holder shall be liable for all charges, fees and other costs that accrue on each account.

4. Credit Line. Holder will from time to time be informed of the amount of the approved credit line under each account established for Holder, and Holder covenants not to make, authorize or allow credit purchases or borrowings in excess of the amount. However, notwithstanding such credit line, Holder is liable for all purchases and borrowings made with its cards by it or by anyone authorized to use the cards.

5. Payment. Holder will be furnished at the address identified by Holder, a monthly statement for each account for each billing period at the end of which there is an undisputed debit or credit balance of \$1.00 or more. The full amount billed ("New Balance") is due on demand. If Issuer does not demand payment of the New Balance on the monthly billing statement, either (a) the New Balance or, (b) a Minimum Payment of the greater of \$ 20. or 5 % of the New Balance, shall be paid within 25 days after the Closing Date of that billing statement. Payments must be made at Bankcard Center, Milwaukee, Wisconsin, 53288-0200. Payments made at any other location may cause delay in crediting the account. Payments received after 2:00 P.M. on any Monday through Friday, but excluding federal legal holidays, or at any time on any non-banking day will be considered as payments made on the following banking day. All payments will be applied first to interest, second to additional fees, if any, in the order of their entry to the account, third to previously billed cash advances, purchases and other similar charges in the order of their entry to the account, and then to current cash advances, purchases and other similar charges in the order of their entry to the account.

6. Finance Charges. Interest shall accrue on each account as shown on the monthly statements, for each billing period in which there is a cash advance or the Previous Balance is not paid in full prior to the Closing Date of the billing statement. Interest is computed by applying the monthly periodic rate of 1.28 % (ANNUAL PERCENTAGE RATE OF 14.5 %) to the average daily balance of the account. To get the average daily balance, we take the beginning balance of the account each day, add any new cash advances, credit purchases and other charges, and subtract

any payments or credits, unpaid late charges, unpaid membership fees and other unpaid fees. This gives us the daily balance. Then, we add up all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the average daily balance. Interest accrues on credit purchases beginning on the date the purchase is posted to the account unless the Previous Balance shown on the statement is paid in full prior to the Closing Date of the statement. Credit purchases made during the statement period and the Previous Balance will be excluded from the calculation of average daily balance if the Previous Balance shown on the front of the statement is paid in full prior to the Closing Date. Interest on cash advances begins to accrue on the date the advance is posted to the account. Additional interest on an account may be avoided by paying in full the New Balance shown on the account's monthly statement within 25 days after the Closing Date for that statement.

7. Additional Fees. Each account shall be subject to the following additional fees: (1) \$ 25. /or n/a % late charge if any minimum payment is not paid in full on or before the due date shown on the monthly statement issued immediately after the monthly statement on which the unpaid minimum payment first appears; (2) \$ 10.00 for each cash advance; (3) \$ 5 for replacement of a card; and (4) reasonable charges according to the then current fee schedule for additional copies of monthly statements, drafts and receipts requested. Fees imposed will be posted to the account.

8. Foreign Transactions. If a Holder's card is used to effect a transaction in a foreign currency, the transaction amount will be converted to U.S. dollars by VISA International. VISA converts foreign currency to U.S. dollars using either the government mandated exchange rate or the wholesale exchange rate, in effect one day before the date of the conversion, as applicable. The exchange rate is increased by 1% if the conversion is made in connection with a charge to an account and decreased by 1% if the conversion is made in connection with a credit to an account. The date of conversion by VISA may differ from the purchase date and the posting date identified in the monthly statement for the account. Holder agrees to pay charges and accept credits for the converted transaction amounts in accordance with the terms of this paragraph.

9. Disputes. Issuer is not responsible for refusal by any merchant, financial institution or automated equipment to honor or accept a card. Issuer has no responsibility for merchandise or services obtained with a card and any dispute concerning merchandise or services will be independently settled by Holder with the merchant concerned.

10. Default. Holder covenants to observe and comply with these regulations and not to permit an event of default to occur. Holder further covenants not to take any action or permit any event to occur which materially impairs Holder's ability to pay when due. Upon the occurrence of any one or more of the following events of default: (a) Holder fails to pay at least the Minimum Payment when due; (b) Holder dies, ceases to exist, changes residency to another state, becomes insolvent or the subject of bankruptcy or insolvency proceedings; (c) Holder fails to observe any covenant or duty contained in these regulations; (d) any item in any financial statement delivered by Holder to Issuer is false in any material respect when given; or (e) the occurrence of default under any agreement securing the obligations hereunder; the full amount of Holder's account shall, at Issuer's option become immediately due and payable. Holder agrees to pay all costs of collection before and after judgment, including reasonable attorneys' fees (including those incurred in successful defense or settlement of any counterclaim brought by Holder or incident to any action or proceeding involving Holder brought pursuant to the United States Bankruptcy Code).

11. Termination. Holder's consent to these regulations may be terminated at any time by surrendering the cards issued to Holder or at Holder's request, but such termination shall not affect Holder's obligations as to any balances or charges outstanding at the time of termination. Termination by any Holder shall be binding on each Authorized User. Unless sooner terminated, the privilege to use the cards shall expire on the date shown on the cards. At any time, without liability to Holder and without affecting Holder's liability for credit previously extended, Holder's privilege to use the cards may be revoked or limited by Issuer to the extent not prohibited by law. The cards are and shall remain the property of Issuer and Holder agrees to surrender them to Issuer upon demand. Holder agrees to notify Issuer of any cancellation of an Authorized User's charging privileges. Holder shall return to Issuer any cards issued to Authorized Users whose privileges have been terminated.

12. Amendments. Issuer may amend these regulations and may amend the charge terms from time to time and will mail to Holder at Holder's last known address as shown on the records of Issuer written notice of any such change not less than 15 days prior to its effective date, or as otherwise required by law. Invalidity of any provision of these regulations shall not affect the validity of any other provisions.

13. Governing Law. Holder agrees to be governed by Florida law with respect to all aspects of the transactions arising under these regulations.

If the application for the Account is approved, then the following Guaranty will be effective. If the application for the Account is not approved, then the following Guaranty is null and void.

CONTINUING UNLIMITED GUARANTY. For good and valuable consideration, and for the purpose(s) of inducing Palm Beach National Bank & Trust Company ("Bank") to

extend, make, renew, modify and or continue to extend, make, renew or modify the Business Credit Card Account of _____ (the "Borrower") the undersigned Guarantor (jointly and severally, if more than one, "Guarantor") absolutely and unconditionally guarantees and promises to pay to Bank or its order, on demand, in lawfully obtained legal tender of the United States of America, the Account indebtedness of the Borrower to Bank on the terms and conditions set forth in this Guaranty. Under this Guaranty, the liability of Guarantor is unlimited and the obligations of Guarantor are continuing.

NATURE OF GUARANTY. Guarantor's liability under this Guaranty shall be open and continuous for so long as this Guaranty remains in force. Guarantor intends to guarantee at all times the performance and prompt payment when due, whether at maturity or earlier by reason of acceleration or otherwise, of all Account indebtedness. Accordingly, no payments made upon the Account indebtedness will discharge or diminish the continuing liability of Guarantor in connection with any remaining portions of the Account indebtedness or any of the Account indebtedness which subsequently arises or is thereafter incurred or contracted. This is not a special guaranty.

DURATION OF GUARANTY. This Guaranty will take effect when received by Bank without the necessity of any acceptance by Bank, or any notice to Guarantor or the Business, and will continue in full force until all Account indebtedness incurred or contracted before receipt by Bank of any notice of revocation shall have been fully and finally paid and satisfied and all other obligations of Guarantor under this Guaranty shall have been performed in full. If Guarantor elects to revoke this Guaranty, Guarantor may only do so in writing. Written revocation of this Guaranty will apply only to advances or new Account indebtedness created after actual receipt by Bank of Guarantor's written revocation.

This Guaranty and Guarantor's obligations hereunder remains fully enforceable irrespective of any claim, defense or counterclaim which Borrower may assert on the Account indebtedness, including but not limited to failure of consideration, breach of warranty, payment, statute of frauds, statute of limitations, accord and satisfaction, and usury, same of which Guarantor hereby waives along with any standing by Guarantor to assert any said claim, defense or counter claim.

GUARANTOR'S AUTHORIZATION TO PALM BEACH NATIONAL BANK & TRUST COMPANY. Guarantor authorizes Bank, either before or after any revocation hereof, without notice or demand and without lessening Guarantor's liability under this Guaranty, from time to time to alter, supplement, compromise, modify, renew, extend, terminate, accelerate, waive or otherwise change one or more times the time for payment or other terms, conditions, or provisions of the Account.

GUARANTOR'S REPRESENTATIONS AND WARRANTIES. Guarantor represents and warrants to Bank that (a) no representations or agreements of any kind have been made to Guarantor which would limit or qualify in any way the terms of this Guaranty; (b) Guarantor has, to its own satisfaction, independently investigated (and relies exclusively on); (i) Borrower's credit history; (ii) Borrower's payment history with Bank, if any; and (iii) Borrower's past, current, and projected financial condition; (c) Upon Bank's request, Guarantor will provide to Bank financial and credit information in form acceptable to Bank and (d) Guarantor has established adequate means of obtaining from Borrower on a continuing basis information regarding Borrower's financial condition. Guarantor agrees to keep adequately informed from such means of any facts, events, or circumstances which might in any way affect Guarantor's risks under this Guaranty, and Guarantor further agrees that, absent a request for information, Bank shall have no obligation to disclose to Guarantor any information or documents acquired by Bank in the course of its relationship with Borrower.

GUARANTOR'S WAIVERS. Except as prohibited by applicable law, Guarantor waives any right to require Bank (a) to make any presentment, protest, demand, or notice of any kind, including notice of any nonpayment of the Account indebtedness or notice of any action or non-action on the part of Borrower or (b) to resort for payment or to proceed directly or at once against any person, including Borrower or any other Guarantor.

If now or hereafter Borrower shall be or become insolvent, Guarantor hereby forever waives and relinquishes in favor of Bank and Borrower, and their respective successors, any claim, right or remedy to payment Guarantor may now have or hereafter have or acquire against Borrower that arises hereunder and/or performance by any guarantor including without limitations, any claim, remedy or right of subrogation, reimbursement, exoneration, indemnification, or participation in any claim, right or remedy of Bank against Borrower, whether or not such claim, right or remedy arises in equity, under contract, statute, common law or otherwise, by subrogation or otherwise, so that at no time shall Guarantor be or become a "creditor" of Borrower within the meaning of 11 U.S.C. Section 547(b), or any successor provision of the Federal bankruptcy laws.

Guarantor also waives any and all rights or defenses arising by reason of any election of remedies by Bank which destroys or otherwise adversely affects Guarantor's subrogation rights or Guarantor's rights to proceed against Borrower for reimbursement, including without limitation, any loss of rights Guarantor may suffer by reason of any law limiting, qualifying, or discharging the Account indebtedness. If payment is made by Borrower, whether voluntarily or otherwise, or by any third party, on the Account indebtedness and thereafter Bank is forced to remit the amount of that payment to Borrower's trustee in bankruptcy or to any similar person under any federal or state bankruptcy law or law for the relief of debtors, the indebtedness shall be considered unpaid for the purpose of enforcement of this Guaranty. This provision shall survive termination of this Guaranty.

RIGHT OF SETOFF. Guarantor authorizes Bank, to the extent permitted by applicable law, to charge, withdraw or setoff all sums owing on the Account against any and all the accounts set forth below in the Accounts section without prior demand or notice to Guarantor.

ACCOUNTS. Accounts shall include all Guarantor's deposits, accounts (whether checking savings, or some other account) or securities now or hereafter in the possession of or on deposit with Bank or with any Bank's affiliate or subsidiary including without limitation all accounts held jointly with someone else and all accounts Guarantor may open in the future, excluding, however, all IRA, Keogh and trust accounts.

MISCELLANEOUS PROVISIONS. The following miscellaneous provisions are a part of this Guaranty:

Amendments. This Guaranty constitutes the entire understanding, and agreement of the parties as to the matters set forth in this Guaranty and supersedes all prior understanding and correspondence, oral or written, with respect to the subject matter hereof. No alteration of or amendment to this Guaranty shall be effective unless given in writing and signed by the party or parties sought to be charged or bound by the alteration or amendment.

Applicable Law. This Guaranty shall be governed by and construed in accordance with the laws of the state where the Issuing Bank referenced above maintains its principal office.

Attorney's Fee; Expenses. Guarantor agrees to pay upon demand all of Bank's costs and expenses, including reasonable attorney's fees and Bank's legal expenses, incurred in connection with the Account or the enforcement of this Guaranty. Bank may pay someone else to help enforce this Guaranty and Guarantor shall pay the costs and expenses of such enforcement. Costs and expenses include Bank's reasonable attorneys' fees and legal expenses whether or not there is a lawsuit, for bankruptcy proceedings (and including efforts to modify or vacate any automatic stay or injunction), appeals, and any anticipated post-judgment collection services. Guarantor also shall pay all court costs and such additional fees as may be directed by the court.

Interpretation. In all cases where there is more than one Borrower or Guarantor, then all words used in this Guaranty in the singular shall be deemed to have been used in the plural where the context and construction so require; and where there is more than one Borrower named in this Guaranty or when this Guaranty is executed by more than one Guarantor, the words Borrower and "Guarantor" respectively shall mean all and any one or more of them. The words "Guarantor," "Borrower," and "Bank," include the heirs, successors, assigns, and transferees of each of them. Caption headings in this Guaranty are for convenience purposes only and are not to be used to interpret or define the provisions of this Guaranty. If a court of competent jurisdiction finds any provision of this Guaranty to be invalid or unenforceable as to any person or circumstance, such finding shall not render that provision invalid or unenforceable as to any other persons' or circumstances, and all provisions of this Guaranty in all other respects shall remain valid and enforceable.

Waiver. Bank shall not be deemed to have waived any rights under this Guaranty unless such waiver is given in writing and signed by Bank. No delay or omission on the part of Bank in exercising any right shall operate as a waiver of such right or any other right. A waiver by Bank of a provision of this Guaranty shall not prejudice or constitute a waiver of Bank's right otherwise to demand strict compliance with that provision or any other provision of this Guaranty. No prior waiver by Bank, nor any course of dealing between Bank and Guarantor, shall constitute a waiver of any of Bank's rights or of any of Guarantor's obligations as to any future transactions. Whenever the consent of Bank is required under this Guaranty, the granting of such consent by Bank in any instance shall not constitute continuing consent to subsequent instances where such consent is required and in all cases such consent may be granted or withheld in the sole discretion of Bank.

There are costs associated with the use of this credit card. For specific information regarding the costs, please write us at Palm Beach National Bank & Trust Company, P.O. Box 14218, North Palm Beach, Florida 33408 or call us at [REDACTED].

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. The undersigned authorizes Palm Beach National Bank & Trust Company to rely upon such statements, make such inquiries, and gather such information as Palm Beach National Bank & Trust Company deems necessary and reasonable to verify any information provided to Palm Beach National Bank & Trust Company on this Application on any such required document, including inquiries to the Internal Revenue Service, business credit reporting and credit bureau agencies and associations, and further authorizes Palm Beach National Bank & Trust Company, its holding company and affiliates and related service corporations to exchange this application, the information contained in or submitted with this Application and all banking relationship information with each other and with business credit reporting or credit bureau agencies and associations and creditors of the undersigned. The undersigned further agrees to notify Palm Beach National Bank & Trust Company promptly of any material change in any such information.

The undersigned certifies that he/she has full authority to act on behalf of Applicant in connection with this credit request.

EACH UNDERSIGNED GUARANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS GUARANTY AND AGREES TO ITS TERMS.

GUARANTOR NAME PRINTED JEFFREY EPSTEIN SIGNATURE (WITHOUT TITLE) [Signature] DATE 8/01

LLC CORPORATE AUTHORIZATION RESOLUTION

By:

NES, LLC

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation" ^{LLC}

I, JEFFREY EPSTEIN, member ^{LLC}, certify that I am Secretary (clerk) of the above named corporation organized under the laws of NEW YORK, Federal Employer I.D. Number [REDACTED], engaged in business under the trade name of ON THIS DOCUMENT, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on [REDACTED] (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position

Signature

Facsimile Signature (if used)

A. <u>JEFFREY EPSTEIN, MEMBER</u>	X	X
B. _____	X	X
C. _____	X	X
D. _____	X	X
E. _____	X	X
F. _____	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A</u>	(1) Exercise all of the powers listed in this resolution.	<u>1</u>
<u>A</u>	(2) Open any deposit or share account(s) in the name of the Corporation.	<u>1</u>
<u>A</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
<u>A</u>	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	<u>1</u>
<u>A</u>	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	<u>1</u>
<u>A</u>	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	<u>1</u>
<u>A</u>	(7) Other _____	<u>1</u>

LIMITATIONS ON POWERS The following are the ^{LLC} Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY ^{member LLC} I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation. In Witness Whereof, I have subscribed my name to this document and ~~affixed the seal of the~~ ^{LLC} Corporation on _____ (date).

Attest by One Other Officer _____

~~Secretary~~

NES, LLC

RESOLUTIONS

L.L.C.
The ~~Corporation~~ named on this resolution resolves that,

(1) ~~The~~ Financial Institution is designated as a depository for the funds of the ~~Corporation~~ member and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the ~~Board of Directors~~ member of the ~~Corporation~~ and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the ~~Corporation~~ L.L.C.. Any Agent, so long as they act in a representative capacity as agents of the ~~Corporation~~ L.L.C., is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscouunts and borrowings by or on behalf of the ~~Corporation~~ L.L.C. with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The ~~Corporation~~ L.L.C. agrees to the terms and conditions of any account agreement, properly opened by any Agent of the ~~Corporation~~ L.L.C.. The ~~Corporation~~ L.L.C. authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The ~~Corporation~~ L.L.C. acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The ~~Corporation~~ L.L.C. acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The ~~Corporation~~ L.L.C. authorizes each Agent to have custody of the ~~Corporation~~ L.L.C.'s private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____

Comments:

MEMORANDUM

TO: Nancy Bruno

FROM: H. Loy Anderson, Jr. 

DATE: August 7, 2001

REF: Jeffrey Epstein

Nancy,

I am waiving the requirement for financial statements on the application for three corporate credit cards totaling \$25,000 for Jeffrey's company NES, LLC issued in the names of Shannon Pascuzzi, Emmy Tayler and Jonitha Mackenzie which are being guaranteed by Mr. Epstein.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 12-11-2000
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 [REDACTED] B

NES LLC
EPSTEIN JEFFREY E SOLE MEMBER
457 MADISON AVE 4TH FLR
NEW YORK NY 10022

FOR ASSISTANCE CALL US AT
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you [REDACTED]. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 941
Form 940

01/31/2001
01/31/2001

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-1040 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

State of New York } ss:
Department of State }

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

AUG 17 1998



A handwritten signature in cursive script, appearing to read "J. Clark", written in dark ink.

Special Deputy Secretary of State

DOS-1266 (5/96)

NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0006

FILING RECEIPT

ENTITY NAME : NES, LLC

DOCUMENT TYPE : ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: NEWY

SERVICE COMPANY : CT CORPORATION SYSTEM

SERVICE CODE: 07

FILED: 08/13/1998 DURATION: ***** CASH #: 980813000438 FILM #: 980813000441

ADDRESS FOR PROCESS

THE LLC
EAST 71ST STREET
NEW YORK, NY 10021

REGISTERED AGENT



THIS FILING HAS AN ASSOCIATED PUBLICATION REQUIREMENT. THE NEWSPAPERS IN WHICH THIS PUBLICATION IS TO BE MADE, AS DESIGNATED BY THE COUNTY CLERK OF THE COUNTY IN WHICH THE ENTITY'S OFFICE IS LOCATED, CONTACT THE RESPECTIVE COUNTY CLERK FOR FURTHER INFORMATION.

FILER

LAUREN KWINTNER
457 MADISON AVENUE
FOURTH FLOOR
NEW YORK, NY 10022

FEES

FILING :
TAX :
CERT :
COPIES :
HANDLING:

210.00
200.00
0.00
0.00
10.00
0.00

PAYMENTS

210.00

CASH :
CHECK :
BILLED:

0.00
0.00
210.00

REFUND:

0.00

38-1025 (11/89)

CT-07

ARTICLES OF ORGANIZATION

OF

NES, LLC

980813000

419

(Pursuant to Section 203 of the Limited Liability Company Law)

The undersigned person, acting as an organizer of the limited liability company to be formed under the Limited Liability Company Law by the filing of these Articles, sets forth the following statements:

FIRST: The name of the limited liability company is NES, LLC (the "Company").

SECOND: The county within the State of New York in which the office of the Company is to be located is the County of New York.

THIRD: The Company is not to have a specific date of dissolution in addition to the events of dissolution set forth in Section 701 of the Limited Liability Company Law.

FOURTH: The Secretary of State of the State of New York is designated as agent of the Company upon whom process against it may be served. The post office address within the State of New York to which the Secretary of State of the State of New York shall mail a copy of any process against the Company served upon the Secretary of State is 9 East 71st Street, New York, New York 10021.

FIFTH: The Company is to be managed by one or more members.

SIXTH: There are no limitations on the authority of the members to bind the Company.

IN WITNESS WHEREOF, I have signed this document on the date set forth below and do hereby affirm, under penalties of perjury, that the statements contained herein have been examined by me and are true and correct.

Executed on this 12th day of August, 1998.



Lauren Kwjagner
Organizer

AUG-12-99 16:18 FROM:

ID: 2123718042

PAGE 14/4

980813000 499

CT-07

AUG 13 1 38 PM '99

ARTICLES OF ORGANIZATION
OF

NES, LLC

(Pursuant to Section 203 of the Limited Liability Company Law)

RECEIVED

AUG 13 12 06 PM '99

CC

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED AUG 13 1999

TAX \$

BY: dyf

Filer:

Lauren Kwintner
457 Madison Avenue
Fourth Floor
New York, New York 10022

dyf

980813000 438

Date: 08/21/2001 Time: 15:45 Operator: AL
Department: LOAN_OPS Report Type: FX Reference: ANN LUFFT
NM-EPSTEIN,JEFFERY.
CA-358,BRILLO,WAY,PALM BEACH,FL,33480.
ID-SSS-[REDACTED]

ENH BEACON SCORE: 698 00022/00010/00014/00020
ACCOUNT NOT PAID AS AGREED, PUBLIC RECORD OR COLLECTION AGENCY FILING
PROPORTION OF BALANCES TO CREDIT LIMITS, TOO HIGH ON BANK/OTHER REVOLVING ACCTS
LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED
LENGTH OF TIME SINCE DEROGATORY PUBLIC RECORD OR COLLECTION IS TOO SHORT

SSN ISSUED -67 STATE ISSUED-NY

*GEO CODE: MSA STATE COUNTY CENSUS TRACT BLOCK GROUP
3358,BRILLO,WAY,PALM BEACH,FL,33480.
INQ CURRENT ADDRESS FULL ZIP NOT AVAILABLE

* 240 EQUIFAX CREDIT INFORMATION SERVICES,
ATLANTA,GA,30374-0241, P O BOX 740241,

*EPSTEIN,JEFFERY,E SINCE 04/22/77 FAD 07/10/01 FN-398

457,MADISON,AVE,NEW YORK,NY,10022,TAPE RPTD 01/99
358,EL BRILLO,WAY,PALM BEACH,FL,33480,TAPE RPTD 08/98
TELEPHONE NUMBER [REDACTED] SPEC 02/01

265,E 66TH,ST,NEW YORK,NY,10021,TAPE RPTD 04/98
BDS-[REDACTED] SSN VER - Y

01 ES-,SELF EMPLOYED
02 EF-CONSULTING PRES,J EPSTEIN CO,NEW YORK,NY
03 E2-,BEARS STEARNS

*SUM-06/77-08/01,PR/OI-NO,COLL-YES,FB-NO, ACCTS:17,HC\$0-97320, 16-ONES, 1-OTHER

***** COLLECTION ITEMS *****

LIST RPTD	AMT/BAL	DLA/ECOA	AGENCY/CLIENT	STATUS/SERIAL
10/98 12/98	\$180	08/98*	465YC93 DRS BUSBUR	UNPAID
	\$180	U	IMAGING ASSOCIA	2853977

FIRM / IDENT CODE	CS	RPTD	LIMIT	HICR	BAL \$	DLA MR (30-60-90+)	MAX/DEL
ECOA/ACCOUNT NUMBER	OPND	P/DUE	TERM			24 MONTH HISTORY	

CHASE NA	[REDACTED]	R1	07/01	17100	---	7313	07/01 60
I/	[REDACTED]		03/85	---	120		

CREDIT CARD

BLMD/FDSB	[REDACTED]	R1	07/01	2001	---	0	22
I/	[REDACTED]		01/79	---	---		

CHARGE

BKCARD SER*	[REDACTED]	R1	07/01	1000	---	0	12/00 31
I/	[REDACTED]		11/98	---	---		

CREDIT CARD

CHASE NA	[REDACTED]	R1	07/01	5000	---	525	07/01 33
I/	[REDACTED]		10/98	---	10		

CREDIT CARD

HSBC BANK	[REDACTED]	R1	04/01	---	8300	0	04/00 53
-----------	------------	----	-------	-----	------	---	----------

10/96
PAID ACCOUNT/ZERO BALAN
ACCOUNT CLOSED BY CREDIT GRANTOR

STBC CLASS*4 R1 05/94 2000 --- 0 37
CREDIT CARD

CHASE NA * R1 11/93 3800 --- 0 03/92 41
CREDIT CARD

REVOLVING TOTALS 30901 8300 7838
130

AMEX 01 08/01 --- 97320 97320 08/01 01
CREDIT CARD

AMEX 01 07/01 --- 23888 2784 07/01 01
CREDIT CARD

AMEX 01 07/01 --- 0 0 07/01 01
CREDIT CARD

ATTWSNEPCS 01 07/01 --- 0 0 13
CREDIT CARD

ATTWSSEPCS 01 07/01 --- 0 0 08/99 40
CREDIT CARD

ATTWSSEPCS* 01 07/01 --- 0 0 08/99 40
CREDIT CARD

ATTWSNEPCS 01 07/01 --- 0 0 16
CREDIT CARD

ATTWSNEPCS* 01 08/00 --- 0 0 06
CREDIT CARD

PAID ACCOUNT/ZERO BALANCE
ATTWSNEPCS*444UT981 01 03/00 --- 0 0 09/99 20
CREDIT CARD

OPEN TOTALS --- 121208 100104

GRAND TOTALS 30901 129508 107942
130

CHASE NA * 11/98 --- --- 06/97
03/85

LOST OR STOLEN CARD
CREDIT CARD
AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*INQS-TAMINSPEC 07/10/01 AT&T 910UT16679 11/03/99
&

END OF REPORT EQUIFAX AND AFFILIATES - 08/21/01 SAFESCANNED

Memorandum

To: Dottie Wilson
From: Eric Gany
Date: 8/6/01
Re: Credit card application



Enclosed please find a credit card application for NES, LLC. Jeffrey is the sole member (owner) of this company. We are requesting the maximum - \$25,000 - credit line. Please forward this application to Nancy Bruno with a letter from the bank. We are not interested in giving Jeffrey's personal financial information. Thanks for your help.

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
Emmy Tayler	[REDACTED]	<i>Emmy Tayler</i>	☐ YES ☐ NO	\$ 10,000 -
			☐ YES ☒ NO	\$
			☐ YES ☐ NO	\$
			☐ YES ☐ NO	\$

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
Shannon Pascozz	[REDACTED]	[Signature]	YES ☒ NO ☐	\$ 10,000
			YES ☐ NO ☐	\$
			YES ☐ NO ☐	\$
			YES ☐ NO ☐	\$

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$

AUG 06 01 02:58p

AUG-06-01 13:39 FROM:

ID: 2127-2408

PAGE

1/1

P.1

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
JONITHA MACKENZIE	[REDACTED]	<i>[Signature]</i>	☐ YES ☒ NO	\$
			☐ YES ☒ NO	\$
			☐ YES ☒ NO	\$ 5000
			☐ YES ☒ NO	\$

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$

Attention:

Eric



PALM BEACH NATIONAL BANK & TRUST COMPANY



"It's Everywhere You Want to Be."

July 26, 2001

Eric Gany

[REDACTED]
New York, New York 10022

RE: Visa Business Card/Jeffrey E. Epstein

Dear Mr. Gany:

We appreciate your request for a **VISA** Business Credit Card from Palm Beach National Bank & Trust Company.

In order to expedite your request, please provide the following applicable items:

- Business Card Application, with personal guaranty completed and signed (without corporate titles) on the reverse side of the application.
MINIMUM CREDIT LINE - \$5,000.00 MAXIMUM CREDIT LINE - \$25,000.00.
- Corporate/Partnership or Sole Proprietorship Authorization Resolution
- **For credit line requests exceeding \$10,000.00**
 1. Current year-to-date Business Financial Statement;
 2. Last two years of signed Corporate/Partnership Federal income tax returns OR an audited financial statement reflecting a minimum of the previous two years of financial information;
 3. Current signed Personal Financial Statement for each guarantor. **Guarantor(s) listed on the application must represent at least 51% of the ownership of the corporation/partnership;**
 4. Last two years of signed Personal Federal income tax returns for each guarantor. Guarantor(s) listed on the application must represent at least 51% of the ownership of the corporation/partnership.

Page Two

July 26 2001

Please return all completed forms and financial information to my attention at:

BankCard Services
3931 RCA Blvd., Suite 3102
Palm Beach Gardens, FL 33410

If you have any further questions, please do not hesitate to contact us at [REDACTED]. Again, thank you for your interest in our **VISA** Business Credit Card program.

Sincerely,

Nancy J. Bruno
Vice President, Director of BankCard Services

Enclosures

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE ()
TELEFAX ()

July 26, 2006

Colonial Bank
Jeff

Re: Main account #: [REDACTED]

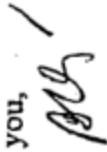
VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on Karen L. Gordon to \$6,000
- Please change limit on Brice M. Gordon to \$6,000

If you have any questions, feel free to contact me at the above number.

Thank you,


Bella Klein


Jeffrey Epstein

Jeffrey Epstein
6100 Red Hook Quarter, B3
St Thomas, VI 00802-1348

June 28, 2006

Jeff Desmond
Colonial Bank

Re: NES LLC Credit Card – Account Number [REDACTED]

Dear Jeff:

I would like to add a new credit card with a \$5,000 credit limit to the above referenced account. The credit card will be in the name of Dana Burns. Her personal information is as follows:

Date of Birth: 05/17/85
Social Security #: [REDACTED]
Home Address: 301 East 66th Street, Apt 11P
New York, NY 10021

I hereby grant permission for Richard Kahn to act on my behalf with any additional information that may be needed for this new credit card. In addition please mail the new credit card to Richard at:

Richard Kahn
C/o NES LLC
[REDACTED]
New York, NY 10022

Thank you,



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE
TELEFAX

February 11, 2005

Jeffrey
Colonial Bank

Re: Main account #:

VIA FACSIMILE: (561) 616-4092

Please make the following changes to the above main account number:

- Add a new card for Janusz Banasiak with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

FEB-11-05 17:22 FROM:

ID:2127502408

PAGE 4/4

JANUSZ BANASIAK

Janusz Banasiak

EFTA00186456

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX (212) 371-3042

June 14, 2005

Colonial Bank
Jeff

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on Luciano Fontanilla to \$5,000

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE
TELEFAX

February 7, 2005

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please cancel card for Branakmana L. Mellawa
- Please cancel card for Alfredo Rodriguez

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

01/21/2005 13:33

SUN-12-2005 06:27PM FROM-

305-5431/91

FROM-

CUMULATIVE BANK

REQUEST FOR CREDIT LIMIT INCREASE

NAME Nes, LLC

ACCOUNT NO. 4470 1153 4000 5213 DATE 1/13/05

PRESENT LIMIT: \$ 40,000

REQUESTED LIMIT: \$ 45,000

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

Past Due = 0 times last 36 months

Over limit = 0 times last 36 months

Account opened 8/01

COMMENTS: Limit was raised to \$40,000 11/01/05.
Customer is requesting \$45,000.

APPROVED BY [Signature] DATE 1/24/05

DECLINED BY _____ DATE _____

REQUEST FOR CREDIT LIMIT INCREASE

NAME NES LLC DATE 1/4/05ACCOUNT NO. [REDACTED]PRESENT LIMIT: \$ 35,000 REQUESTED LIMIT: \$ 45,000 - 04 \$40,00

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

- Current Balance = \$28,250.- Limit = \$35,000- Past Due 0 times in last 36 months- Overlimit 0 times in last 36 months- Account opened = 8/01

COMMENTS: NES LLC is owned by Jeffrey Epstein. Mr Epstein has a significant relationship with Colonial Bank.

David Delane
APPROVED BY

1-10-05
DATE

DECLINED BY _____

DATE _____

BNI W/BANKRUPTCY SCORE: 300 BNI W/BANKRUPTCY
REASON CODES: 00195 00191 00003 00148

NARRATIVES:
LACK OF RECENTLY REPORTED DEPARTMENT STORE ACCOUNT INFORMATION
LACK OF RECENTLY REPORTED CREDIT UNION ACCOUNT INFORMATION
LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED
NUMBER OF RETAIL ACCOUNTS

00011/00032

BEACON 5.0 SCORE: 806
AMOUNT OWED ON REVOLVING ACCOUNT IS TOO HIGH
LACK OF RECENT INSTALLMENT LOAN INFORMATION
STATE ISSUED-NY
SSN ISSUED-67

* ADDRESS DISCREPANCY - NO SUBSTANTIAL DIFFERENCE OCCURRED *

GEO CODE: MSA 8960 STATE 12 COUNTY 099 CENSUS TRACT 0035.02 BLOCK GROUP 6
358, EL BRILLO WAY, PALM BEACH, FL, 33480, TAPE RPTD 08/98
#4FL, NEW YORK, NY, 10022, TAPE RPTD 01/99
NEW YORK, NY, 10021, TAPE RPTD 04/98
FN-EPSTEIN, JEFFREY, E
BDS- , SSS-
01 ES-, SELF EMPLOYED
02 EF-CONSULTING PRES, J EPSTEIN CO, NEW YORK, NY
03 E2-, BEARS STEARNS

FOUND ON GEO CODE DATABASE

* 240 EQUIFAX INFORMATION SERVICES LLC, P O BOX 740241,
, ATLANTA, GA, 30374-0241, [REDACTED]

FN-336

*EPSTEIN, JEFFREY, E SINCE 04/22/77 FAD 02/05/04
358, EL BRILLO WAY, PALM BEACH, FL, 33480, TAPE RPTD 08/98
#4FL, NEW YORK, NY, 10022, TAPE RPTD 01/99
NEW YORK, NY, 10021, TAPE RPTD 04/98
FN-EPSTEIN, JEFFREY, E
BDS- , SSS-
01 ES-, SELF EMPLOYED
02 EF-CONSULTING PRES, J EPSTEIN CO, NEW YORK, NY
03 E2-, BEARS STEARNS

*SUM-02/77-12/04, PR/OI-NO, COLL-NO, FB-NO, ACCTS:10, HC\$1000-200K, 9-ONES, 1-OTHER

FIRM / IDENT CODE CS RPTD LIMIT HICR BAL \$ DLA MR (30-60-90+) MAX/DEL
EEOA/ACCOUNT NUMBER OPND P/DUE TERM 24 MONTH HISTORY

CHASE NA [REDACTED] R1 12/04 18600 --- 363 12/04 45
I [REDACTED] 03/85 --- 10

CREDIT CARD

CHASE NA * [REDACTED] R1 10/04 --- 5500 0 10/03 72
I [REDACTED] 10/98 ---

ACCOUNT CLOSED AT CONSUMERS REQUEST
CLOSED OR PAID ACCOUNT/ZERO BALANCE

BKCARD SER*6680N9235 R1 01/04 --- 1000 0 07/02 39
I [REDACTED] 11/98 ---

CLOSED OR PAID ACCOUNT/ZERO BALANCE
CREDIT CARD

USER REF.

THIS FORM PRODUCED BY EQUIFAX

PAGE 2

BKCARD SER*6680N9235 R1 0 1000 --- 0 07/02 45

I/ [REDACTED]
CREDIT CARD

HSBC/HBSB *100BB53 R1 0 8300 --- 0 04/00 53

I/ [REDACTED]
CLOSED OR PAID ACCOUNT/ZERO BALANCE
ACCOUNT CLOSED BY CREDIT GRANTOR

REVOLVING TOTALS 19600 14800 363
--- 10

AMEX *402BR48257 01 --- 59946 20945 12/04 01

I/ [REDACTED]
CREDIT CARD

AMEX *402BR48257 01 --- 1577 --- 0 10/04 01

I/ [REDACTED]
CREDIT CARD

AMEX *402BB48257 01 --- 200K 200K 12/04 01

I/ [REDACTED]
CREDIT CARD

AMEX *402BR48257 01 --- 6729 966 12/04 01

I/ [REDACTED]
CREDIT CARD

OPEN TOTALS --- 268252 221911

GRAND TOTALS 19600 283052 222274
--- 10

CHASE NA * [REDACTED] 10/04 --- --- 01/03
[REDACTED] 03/85

LOST OR STOLEN CARD

CREDIT CARD

AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*INQS-COLONIAL [REDACTED] 12/03/03 AT&T 10/21/03
DAIMLER 09/25/03 VERIZON 09/25/03
AMEX 03/21/03

* MEMBER # COMP. NAME TELEPHONE * MEMBER # COMP. NAME TELEPHONE
[REDACTED] CHASE NA [REDACTED] CHASE NA [REDACTED]
[REDACTED] BKCARD SER [REDACTED] HSBC/HBSB [REDACTED] MAIL ONLY
[REDACTED] AMEX [REDACTED] COLONIAL [REDACTED]
[REDACTED] AT&T [REDACTED] DAIMLER [REDACTED]
[REDACTED] VERIZON [REDACTED] AMEX [REDACTED] MAIL ONLY

END OF REPORT EQUIFAX AND AFFILIATES - 01/04/05

SAFESCANNED

Command ==> KMA8

CUSTOMER-TO-ACCOUNT RELATIONSHIP BROWSE
JEFFREY E EPSTEIN

UL/U4/L
13:58:4

Rel	Cd	P/S/O	Appl	Account	Number	Trlr	Status	Date	Balance
-	PRI	IND	P	IM	0031 0000 0000 0000	N	NORMAL	03/14/1991	57326.84
-	PRI	IND	P	IM	0031 0000 0000 0000	N	NORMAL	01/10/1994	58971.66
-	PRI	IND	P	IM	0031 0000 0000 0000	N	NORMAL	10/21/1997	4087.98
-	PRI	JOR	P	IM	0031 0000 0000 0000	N	PURGED	03/08/1991	.00
-	PRI	JOR	P	IM	0031 0000 0000 0000	N	NORMAL	10/14/2004	11498.56
-	SEC	JNT	S	IM	0031 0000 0000 0000	N	NORMAL	01/16/2001	186569.05
-	PRI	IND	P	ST	0031 0000 0000 0000	N	NORMAL	09/23/2005	20865.66

PF1-Fwd PF5-CustAcctBr PF8-CustAddr PF11-CustSvc PF14-AcctNonLeg
PF2-Bkwd PF6-CustRel PF9-SesSetUp PF13-AcctLegTtl PF21-Top
RMPCABS1 RM3003 I: FIRST PAGE

LAST

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE
TELEFAX

December 20, 2004

Colonial Bank
Jeff

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on Luciano Fontanilla to \$3,000

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

Visa Fraud Control has notified Metavante Corporation of the possible compromise of the following card numbers for your institution. A hacker gained access to a US retail merchant's corporate web server. The merchant provided Visa with potentially compromised accounts for a time period of July 2003 thru the end of May 2004. The compromised information includes card numbers and track data including CVV.

Visa Fraud Control is seeing a pattern of fraud affecting non-US issuers at this time. Fraud has occurred in the following countries: Spain, Italy, Brazil and Australia. Fraudsters are retaining card data for longer periods of time for later use.

Your financial institution is responsible for reviewing the list and taking whatever steps you deem necessary.

Card Number	Financial Institution Name	Bank Number	Agent Number	Status	Date of Status	Cardholder's Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Please contact your Metavante client support representative with your approval for Metavante to block and reissue the cards. Your institution is responsible for contacting the cardholders involved.

If you have questions, call [REDACTED].

Fax # [REDACTED]

Attention of Ms Bella,

As requested, I am sending my signature for purposes of record.

Regards,

Luciana Mellawa

Brahakmana Lucian Mellawa

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE
TELEFAX

April 27, 2004

Jeffrey
Colonial Bank

Re

VIA FACSIMILE

Please make the following changes to the above main account number:

- Add a new card for Branakmana L. Mellawa with a credit limit of \$3,000, Social Security # [REDACTED], Signature attached.
- Please cancel card for Michael D Friedman

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

March 15, 2004

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Cancel the credit card for Andrea Mitrovich, Sub-Account # [REDACTED]

If you have any questions, feel free to contact me at the above number.

Jeffrey Epstein



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

December 10, 2003

Colonial Bank
Jeff

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on Andrea N. Mitrovich credit card to \$7,000.
-

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

August 5, 2003

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Cancel the credit card for Shannon Parcuzzi, Sub-Account # [REDACTED]

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany

Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

May 16, 2003

Jeffrey
Colonial Bank

Limit = \$35,000

Re: Main account #: [REDACTED]

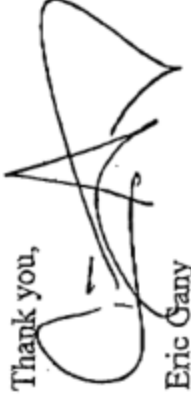
VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- 5021-5051 to \$2,000. *Limit = \$10,000*
- Reduce the credit limit for Shannon Parcuizi, Sub-Account # [REDACTED]
 - Add a new card for Karen L Gordon with a credit limit of \$4,000, Social Security # [REDACTED], Signature attached.
 - Add a new card for Brice M. Gordon with a credit limit of \$4,000, Social Security # [REDACTED], Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany

\$ [REDACTED] - \$10,000
Valdon Lotin - \$5,000


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

March 4, 2003

Representative
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]
1 Page

Please make the following changes to the above main account number:

- Cancel the Visa card for Nicholas Simmonds, Sub-Account # [REDACTED]
- Cancel the Visa card for Edwina Simmonds, Sub-Account # [REDACTED]

Leave the credit balance unallocated, I'll allocate it as needed later.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

August 9, 2002

Nancy Bruno/Ann Lufft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Cancel the card for Adam Perry Lang Sub-Account # [REDACTED]
- Increase the credit limit for Nicholas Simmonds, Sub-Account # [REDACTED] to \$5,000.
- Increase the credit limit for Edwina Simmonds, Sub-Account # [REDACTED] to \$5,000.
- Increase the credit limit for Shannon Pascuzzi Sub-Account # [REDACTED] to \$10,000.

This should have fully allocated the Company credit limit.

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

September 22, 2004

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Alfredo Rodriguez with a credit limit of \$2,500, Social Security # [REDACTED], Signature attached.
- Add a new card for Joseph Rueda with a credit limit of \$ 1,000, Social Security # [REDACTED], Signature attached
- Add a new card for Luciano Fontanilla with a credit limit of \$ 1,000. Social security # [REDACTED]. Signature attached

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

ID: [REDACTED]

[Faint, illegible handwritten text]

LUCIANO A. FONTANILLA

LA Fontanilla

Jeffrey E. Epstein

Joseph Rueda
JOSEPH RUEDA

Name :

Alfredo Rodriguez

Signature:

ARodriguezA

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

December 30, 2003

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Michael D. Friedman with a credit limit of \$3,000, Social Security # [REDACTED], Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

FOR CREDIT CARD

Mike Friedman

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE ([REDACTED])
TELEFAX ([REDACTED])

November 14, 2003

Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Andrea N. Mitrovich with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,

Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

November 14, 2003

Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Andrea N. Mitrovich with a credit limit of \$3,000, Social Security # [REDACTED], Signature attached.
-

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany

Jeffrey Epstein

Andrea Petronel

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

July 11, 2002

Nancy Bruno/Ann Lufft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

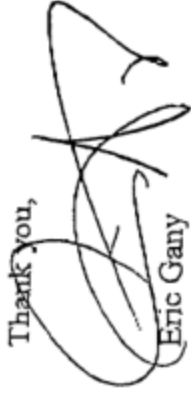
3 Pages

Please make the following changes to the above main account number:

- Add a new card for Nicholas Simmonds with a credit limit of \$4,000, ID # [REDACTED] Signature attached.
- Add a new card for Edwina Simmonds with a credit limit of \$2,000, ID # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

Quind

NICHOLAS SIMMONDS

ID #

[REDACTED]



EDWINA SIMMONDS

ID#

[REDACTED]

NES, LLC
THE VILLARD HOUSE
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

June 13, 2002

Nancy Bruno/ Ann Luft
PB National Bank

Fax: [REDACTED]

Re: Credit card # [REDACTED]
Credit card name: Jonitha Mackenzie

Effective immediately please terminate the above credit card.

Thank you,


Bella Klein


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

April 9, 2002

Nancy Bruno/Ann Lufft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED] 2 PAGES

Please make the following changes to the above main account number:

- Increase the credit limit for Valdson Cotrin, Sub-Account # [REDACTED] to \$5,000.
- Add a new card for Adam Perry Lang with a credit limit of \$5,000, Social Security # [REDACTED], Signature attached.

Leave the balance of \$3,000 unallocated.

If you have any questions, feel free to contact me at the above number.

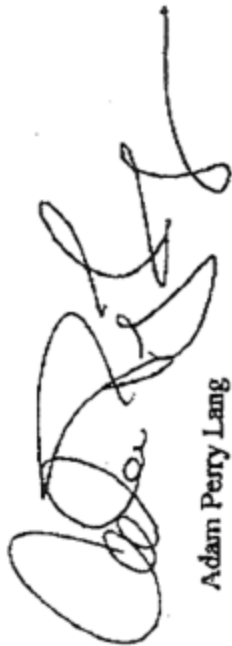
Thank you,


Eric Gany



Jeffrey Epstein

To: Eric
From: Adam
Date: 4/8/02
Re: Signature for company credit card



Adam Perry Lang

REQUEST FOR CREDIT LIMIT INCREASE

NAME NES, LLC / Jeffrey Epstein DATE 3/29/02

ACCOUNT NO. [REDACTED]

PRESENT LIMIT: \$ 25,000. REQUESTED LIMIT: \$ 35,000.00

UPDATED FILE INFORMATION: (ie, address, place of employment,
phone numbers, etc)

COMMENTS: _____

AP
APPROVED BY _____

3/29/02
DATE

DECLINED BY _____

DATE _____

From: Arlene Girten
To: Nancy Bruno
Date: 3/29/02 10:55AM
Subject: Jeffrey Epstein

Hi Nancy. Mr. A called in from Utah this morning. He said to go ahead and put through the \$10,000 increase without having to require any financial statements and he will sign whatever you need him to when he gets back. He will be here on Wednesday so if there is anything you want him to sign, just send it to me and I'll put it in with all of his other mail. Thank you and have a wonderful Easter.

From: "Bella Tsukerman" <[REDACTED]>
To: [REDACTED]
Date: 1/25/02 11:15AM
Subject: Change address

Dear Nancy,

Please change address on individual statements on
the Credit Card Acc# [REDACTED]
to : 457 Madison Avenue 4th Fl.,
New York, NY 10022

Best regards,

Bella Tsukerman

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

January 24, 2002

Ann Lufft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please cancel the following card under the above main account number:

- Emmy Tayler, Sub-Account # [REDACTED]

Leave the \$2,000 balance unallocated, I'll allocate it as needed later.

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE [REDACTED]
TELEFAX [REDACTED]

March 14, 2002

Nancy Bruno/Ann Luft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Reduce the credit limit for Jonith Mackenzie, Sub-Account # [REDACTED] to \$3,000.
- Reduce the credit limit for Shannon Pascuzzi Sub-Account # [REDACTED] to \$9,000.
- Increase the credit limit for [REDACTED], Sub-Account # [REDACTED] to \$10,000.

This should have fully allocated the Company credit limit.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Jeffrey Epstein

(Click here and type address)

facsimile transmittal

To: PB National Bank/ Nancy Bruno Fax: [REDACTED]

From: Jeffrey E. Epstein Date: 1/8/02

Re: Credit Card Pages: 1

CC:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle



Reference:

Credit Card # [REDACTED]

Credit Card name: Valdson Cotrin

Company name: NES LLC.

457 Madison Avenue

New York, NY 10022-6843

Please set up Mr. Valdson Cotrin have access to cash advances at 100% of his card limit.

Best regards,

Jeffrey Epstein

Ok - per Dottie Wilson's conversation
w/ Bella

.....

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE ()
TELEFAX ()

December 17, 2001

Ann Luffit
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Valdson Cotrin, French Social Security # [REDACTED]
credit limit \$3,000, signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany


Authorized – Jeffrey Epstein

Valdson Cotrin
Valdson Cotrin

FILE

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

16 cards

TELEPHONE
TELEFAX

November 14, 2001

Ann Lufft
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

FAXED

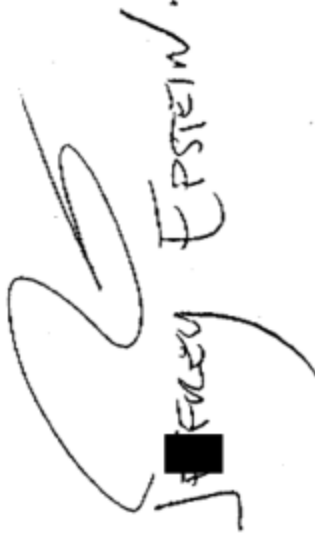
Please make the following changes to the above main account number:

- Reduce the credit limit for Emmy Tayler, Sub-Account # [REDACTED] to \$2,000.
- Add a new card for [REDACTED], Social Security # [REDACTED], credit limit \$5,000, signature attached.

Leave the \$3,000 balance unallocated, I'll allocate it as needed later.

If you have any questions, feel free to contact me at the above number.

Thank you,


Eric Gany
Jeffrey EPSTEIN.

From: Nancy Bruno
To: Luft, Ann
Date: 10/11/01 11:42AM
Subject: NES, LLC

Eric Ganey called regarding [REDACTED] - the statement address needs to be changed to: c/o Fourth Floor, 457 Madison Avenue, New York, New York 10022. His number is [REDACTED]

Can we set up two different addresses - one for billing and a separate address for renewals, notices, etc.??

Suppene is checking on this

*corporate
visa card address
① change
Billings*

*credit application
add couple of c only
[REDACTED]*

ZORRO RANCH[REDACTED]
Stanley; NM 87056[REDACTED]
facsimile transmittal

To: Bella Klein Fax: [REDACTED]

From: Karen L. Gordon Date: 05/15/03

Re: Signatures Pages: 1 Page

CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Bella,

Below our full names and signatures for you records

Karen L. Gordon



Brice M. Gordon



If there are any problems or concerns please call

Warmest regards

Karen

JAN-10-2005 05:21PM FROM-

T-351 P.002/005 F-777

REQUEST FOR CREDIT LIMIT INCREASE

NAME NES LLC DATE 1/4/05ACCOUNT NO. [REDACTED]PRESENT LIMIT: \$ 35,000 REQUESTED LIMIT: \$ 45,000 - 04 \$40,000

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

- Current Balance = \$28,250.- Limit = \$35,000- Past Due 0 times in last 36 months- Overlimit 0 times in last 36 months- Account opened = 8/01

COMMENTS: NES LLC is owned by Jeffrey Epstein. Mr Epstein has a significant relationship with Colonial Bank.

James Q. Delane

APPROVED BY

1-10-05
DATE

DECLINED BY

DATE

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: [REDACTED]
Fax: [REDACTED]

facsimile transmittal

To: Metavante Fax: [REDACTED]
From: Jeff Desmond/Colonial Bank Date: 1/12/2005
Re: Limit Increase 2
CC:

☐ Urgent ☐ For Review

☐ Please Recycle

ATTENTION: Susannah

Please contact me if you have an

Jeffrey Desmond
Merchant Services
Colonial Bank

Ph: [REDACTED]
Fax: [REDACTED]

Maintenance
forms & faxes
NES, LLC

**M&I Data Services
EFD Card Services**

FOR EFD USE ONLY

A/P Tracking Number:

**COMMERCIAL CARD PRODUCTS -
COMPANY SET-UP**

Account Name Line 1 _____ Code _____
Keyed by _____ Date _____
Verified by _____ PSC DOC # _____

Please indicate Commercial Card Product Type: ☐ Visa ☐ MasterCard ☐ Purchasing
☐ Business ☐ Corporate

SECTION I - COMPANY PROFILE

Company Name: NES LLC Company Number: _____
ATTN: _____
Company Address: 9 East 71st St. State: NY ZIP Code: 10021
City: New York
☐ Bulk Ship ☐ Reissue Daily Ship and/or ☐ Daily Bulk Ship
Telephone: _____
Organized as: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☒ Other:
Company Name to Emboss on Cards: NES LLC Maximum of 24 Characters

SECTION II - ACCOUNT SET-UP INFORMATION

Corporate Credit Limit: 25,000. Percentage of Limit allowed for Cash Advance: 0
Annual Report Production: ☒ Calendar Year ☐ Fiscal Year (Month Fiscal Year Ends)
Statement Cycle Date (Business Card/ Corporate Card): ☐ 4 ☐ 6 ☐ 10 ☐ 16 ☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 27
Statement Cycle Date (Purchasing Card Only): ☐ 4 ☐ 6 ☐ 10 ☐ 16 ☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 27
If Custom File Bank Indicate Cycle:

Statement Options *: ☐ Individual Billing
☒ Corporate Billing

☐ Detailed Corporate Statement ☐ Summarized Corporate Statement ☐ No Individual Memo Statement
*Changing this option requires a new set-up, including new cards, which are issued at the expense of the bank.

Membership Fees:

An annual membership fee of \$ 0 will be assessed for the first to card(s) issued, \$ _____ per card if to cards are issued, and \$ _____ per card if cards are issued.
Month to Bill Annual Membership fee: ☐ Default to Current Month ☐ Other
Waive Membership Fee: ☒ Permanently ☐ First Year ☐ Six Months

Expiration:

Month for Card Expiration: ☐ Default to Current Month ☐ Other Minimum Card Age:
Year for Card Expiration: (if other than default)

Miscellaneous Processing Instructions:

SECTION III - CONTROL ACCOUNTS (optional)

Control Accounts divert select purchase categories to separate accounts that will receive their own billing statement. Five system-defined and five client-defined accounts are available, if the maximum number and dollars are not specified, the default value is 99,999

System-Defined Category Name	MCC Range	Credit Line	Max # Daily Auths	Max \$ Spent Daily	Account # (Card Services Use)
☐ Annual Fees	N/A	_____	_____	_____	_____
☐ Airline	N/A	_____	_____	_____	_____
☐ Car Rental	N/A	_____	_____	_____	_____
☐ Lodging	N/A	_____	_____	_____	_____
☐ Restaurant	N/A	_____	_____	_____	_____

Client-Defined

Category Name	MCC Range	Credit Line	Max # Daily Auths	Max \$ Spent Daily	Account # (Card Services Use)
---------------	-----------	-------------	-------------------	--------------------	-------------------------------

Financial Institution Name:

Authorized Signer:

Agent #:

Date:

Bank #:

Branch #:

233-102 MID\$oc (05/00)

Code: _____ Date: _____

Keyed by: _____

A/P Tracking Number: _____

FD Data Services
FD Card Services

**COMMERCIAL CARD PRODUCTS
COMPANY REPORTING AND HIERARCHY**

Company Name: NES LLC Company Number: _____

SECTION I - COMPANY REPORTING

Specify the desired reporting options:

- ☐ No reports requested (send monthly statements only).
- ☐ Standard reporting at company level. Frequency and detail level as indicated.
 - TBR 100 Report Manifest (cycle, summary)
 - TBR 200 Unit Cycle Statistics (month end, detail)
 - TBR 210 Account Listing (cycle, detail)
 - TBR400 Account Cycle (cycle, detail)
- ☒ Standard Annual reporting at company level. Frequency and detail level as indicated.
 - TBR 700 Annual Account analysis (annual, detail)
 - TBR 710 Annual Spending Analysis (annual, detail, standard pricing categories)
- ☐ Specialized reporting (please complete Section II - Company Reporting and the Report Options form)

SECTION II - COMPANY REPORTING HIERARCHY (OPTIONAL)

Seven levels of reporting are available. Each level can house up to 99,999 units. All identification numbers are 5 digits and right justified. Please provide an organizational chart if necessary. Any unit not reporting to another unit will report to the company level.

Company Name: _____

Division Name: _____ Unit ID #: _____ (Depth Reporting Level 1)
Department Name: _____ Unit ID #: _____ (Depth Reporting Level 2)
Department Name: _____ Unit ID #: _____
Department Name: _____ Unit ID #: _____
Department Name: _____ Unit ID #: _____

Additional Reporting Unit (Depth Reporting Level 3):

Unit Name: _____ Unit ID #: _____

(To define additional Depth Levels 4 - 6, please attach additional organizational chart)

Division Name: _____ Unit ID #: _____ (Depth Reporting Level 1)
Department Name: _____ Unit ID #: _____ (Depth Reporting Level 2)
Department Name: _____ Unit ID #: _____
Department Name: _____ Unit ID #: _____
Department Name: _____ Unit ID #: _____

Additional Reporting Unit (Depth Reporting Level 3):

Unit Name: _____ Unit ID #: _____

(To define additional Depth Levels 4 - 6, please attach additional organizational chart)

Division Name: _____ Unit ID #: _____ (Depth Reporting Level 1)
Department Name: _____ Unit ID #: _____ (Depth Reporting Level 2)
Department Name: _____ Unit ID #: _____
Department Name: _____ Unit ID #: _____

Additional Reporting Unit (Depth Reporting Level 3):

Unit Name: _____ Unit ID #: _____

(To define additional Depth Levels 4 - 6, please attach additional organizational chart)

Financial Institution Name: _____
Authorized Signature: _____

Agent #: _____

Date: _____

Bank #: _____

8-21-01

233-106 MIDSbc (04/00)

Please indicate Commercial Card Product type:

☐ VISA☐ MasterCard☐ Purchasing☒ Business☐ Corporate

Company Name:

NES LLC

Company Number:

Agent

Corporate Account:

☐ SECTION 1 - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Shannon Pascuzzi	10,000.	0	N						
Mothers Maiden Name (Optional)				Social Security Number (Optional)		Home telephone # (Optional) ()	Account Number (Bankcard Use)		
				City		State	ZIP Code		

Cardholder billing address (Optional - if not complete will default to Corporate billing address):

Special Handling Instructions: ☐ Federal Express ☐ Bulk Shipment

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Emmy Tayler	10,000.	0	N						
Mothers Maiden Name (Optional)				Social Security Number (Optional)		Home telephone # (Optional) ()	Account Number (Bankcard Use)		
				City		State	ZIP Code		

Cardholder billing address (Optional - if not complete will default to Corporate billing address):

Special Handling Instructions: ☐ Federal Express ☐ Bulk Shipment

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Jonitha MacKenzie	5,000.	0	N						
Mothers Maiden Name (Optional)				Social Security Number (Optional)		Home telephone # (Optional) ()	Account Number (Bankcard Use)		
				City		State	ZIP Code		

Cardholder billing address (Optional - if not complete will default to Corporate billing address):

Special Handling Instructions: ☐ Federal Express ☐ Bulk Shipment

Plastic address if different from Cardholder billing address:

* Visa Purchasing Card Options

Financial Institution Name:

Authorized Signature:

233-107 MIDSbc (5/99)

† Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Date:

Bank #

A/P Tracking Number

EFTA00186504



**PALMBEACH NATIONAL BANK
& TRUST COMPANY**

3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410

Fax Transmission cover Sheet

Date: 11/15/01

To: Credit Services [REDACTED]
(Applications and Business card maintenance)

Sender: Ann Lufft

Re: NES LLC

You should receive 3pages(s), including this cover sheet. If you do not receive all the pages, please call [REDACTED].

The Information contained in this message is privileged and confidential information intended for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, the agent or employee responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone. Please return the uncopied message to us by U.S. Mail. Thank you.

(Please Print)

☐ First Request ☐ Follow-up to Verbal Request

Print Name

Name Emmy Taylor
Business Name Nes LLC

FOR MARITAL PROPERTY STATES ONLY

☐ Married ☐ Not Married ☐ Legally Separated
Name and Address of Spouse _____

ACCOUNT RECORD CHANGES

☐ Close Acct ☐ Add Soc. Sec. No. _____
☐ Cards Returned ☐ Cards Not Returned
☐ Reopen Account ☐ Remove Reissue Block
☐ Add Telephone Number _____ Area Code _____ Phone Number _____

☐ Name Change From: _____

To: _____

☐ Address Change _____

☐ Add Cardholder

☐ Order Card ☐ Do Not Order Card

☐ Delete Cardholder

☐ Add Authorized User

☐ Order Card ☐ Do Not Order Card

☐ Delete Authorized User

☐ Add Credit Rating _____ ☐ Delete Credit Rating _____

☐ Add Type Code _____ ☐ Delete Type Code _____

☐ Add Insurance* ☐ Delete Insurance

☐ Delete Automatic Payment Deduction

☐ Send Balance Transfer Checks # _____

To: _____

Cardholder Address _____

*If adding insurance, attach a signed copy of insurance application.

RISK MANAGEMENT/COLLECTIONS

☐ Restrict Account - R9

☐ Restrict ATM Access

☐ List on Exception File

☐ Zero Cards to Reissue

☐ Stop Interest

☐ Stop Late Charge

☐ Fix Payment \$ _____ on _____

☐ Minimum Payment \$ _____

☐ Remove R-9 Restrictions

☐ Erase Past-Due Status

times 1 - 30 _____

31 - 60 _____

61 - 90 _____

91 - 120 _____

Erase All _____

☐ Re-Age Account

☐ Stop Statements

Date 11-15-01

Approved By [Signature]

File Number _____

Agent No. _____

Financial Institution PBWB

Print Name of Authorized Signer _____

FOR BANKCARD USE ONLY

Account # _____

Name Line 1 _____

Date _____

Code _____

Verified by _____

Keyed by _____

PSC DOC # _____

MONETARY CHANGES

☐ Limit Increase to \$ _____ (whole dollar only)
☒ Limit Decrease to \$ 2,000.00 (whole dollar only)
☐ Change Corporate Account Limit to \$ _____ (whole dollar only)

☐ Reverse Finance Charge of \$ _____

☐ Reverse Late Charge Fee of \$ _____

☐ Reverse Over Limit Fee of \$ _____

☐ Reverse Insurance Fee of \$ _____

☐ Reverse Current Membership Fee

☐ Waive Membership Fee Permanently

CARD/PIN ISSUANCE

☐ Order New Card for _____

☐ Charge Cardholder Replacement Card Fee of \$ _____

☐ Send Card ☐ Normal Delivery - 7 - 10 days

☐ Express Delivery - 2 days \$10

(Check One): ☐ Saturday Delivery Add \$10

☐ Charge Cardholder

☐ Charge Financial Institution

☐ Fastcard \$20

Address to Mail Card _____

☐ Order PIN Reminder

☐ PIN Federal Express

☐ Send PIN to Alternate Address

Please Provide Address Below _____

FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTIONS

Code:

Date:

Keyed by:

A/P Tracking Number:

M&I Data Services
EFD Card Services
COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION

Please indicate Commercial Card Product type:

☐ VISA
☒ Business

☐ MasterCard
☐ Corporate

☐ Purchasing
Company Name: NES, LLC

Company Number:

Corporate Account:

SECTION I – AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability † "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
	5,000-							
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)				
Cardholder billing address			City	State	ZIP Code			

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

Name	Credit Line	Cash Advance Capability † "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)				
Cardholder billing address			City	State	ZIP Code			

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

Name	Credit Line	Cash Advance Capability † "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)				
Cardholder billing address			City	State	ZIP Code			

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

* Visa Purchasing Card Options

† Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Financial Institution Name: PBWBAgent # 105Bank # 1000Authorized Signature: [Signature]Date: 11-15-01

233-107 MIDSbc (04/00)

Rate Code 1

EFTA00186508

MESSAGE CONFIRMATION

12/06/01 12:20
ID=PALM BEACH NATIONAL BANK

NO.	MODE	BOX	GROUP
844	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
12/06 12:19	007'28"	M+I MAINTENANCE	001/001	OK		00000

(Please Print)

☐ First Request ☐ Follow-up to Verbal Request

Account No. 2 DES LLC

Business Name _____

FOR MARITAL PROPERTY STATES ONLY

☐ Married ☐ Not Married ☐ Legally Separated
Name and Address of Spouse _____

ACCOUNT RECORD CHANGES

☐ Close Acct ☐ Add Soc. Sec. No. _____
☐ Cards Returned ☐ Cards Not Returned
☐ Reopen Account ☐ Remove Reissue Block
☐ Add Telephone Number _____ Area Code _____ Phone Number _____
 Name Change From: _____ To: _____
 Address Change _____

☐ Add Cardholder ☐ Order Card ☐ Do Not Order Card
☐ Delete Cardholder
☐ Add Authorized User ☐ Do Not Order Card
☐ Order Card ☐ Do Not Order Card
☐ Delete Authorized User ☐ Delete Credit Rating
☐ Add Credit Rating ☐ Delete Type Code
☐ Add Type Code ☐ Delete Insurance
☐ Add Insurance ☐ Delete Automatic Payment Deduction
☐ Delete Automatic Payment Deduction
☐ Send Balance Transfer Checks # _____

FOR BANKCARD USE ONLY

Account # _____
 Name Line 1 _____ Date _____
 Code _____ Verified by _____
 Keyed by _____
 PSC DOC # _____

MONETARY CHANGES

☒ Limit Increase to \$ 27,500.00 (whole dollar or)
☐ Limit Decrease to \$ _____ (whole dollar or)
☐ Change Corporate Account Limit to \$ _____ (whole dollar or)
☐ Reverse Finance Charge of \$ _____
☐ Reverse Late Charge Fee of \$ _____
☐ Reverse Over Limit Fee of \$ _____
☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee
☐ Waive Membership Fee Permanently

CARD/PIN ISSUANCE

☐ Order New Card for _____
☐ Charge Cardholder Replacement Card Fee of \$ _____
☐ Charge Cardholder Replacement Card Fee of \$ _____
☐ Normal Delivery - 7 - 10 days
☐ Express Delivery - 2 days \$10
☐ Saturday Delivery Add \$10
☐ Charge Cardholder
☐ Charge Financial Institution
☐ Fastcard \$20

Address to Mail Card _____

☐ Order PIN Reminder
☐ PIN Federal Express
☐ Send PIN to Alternate Address
 Please Provide Address Below _____

TCSI 001 CODE IGB ACCT [REDACTED] NES LLC CYCLE 16 AGENT 1534 TBR
 BALANCE 23966.57 LIMIT \$25000 AVAILABLE \$979 PAYMENT DUE 699.00 0
 PAST DUE # 1 0 0 0 0 0 PAST DUE \$0 0 101601 00
 PAST DUE \$ 0 0 0 0 0 0 0 VISAPHONE N
 OPENED 9999 082101 HIGH BALANCE \$23966 120401 STATEMENTS 3 0 111601
 TYPE B CREDIT RATING 000000 OVERLIMIT 0 \$0 PAYMENT DUE DATE 121101
 LIMIT HISTORY \$25000 0 \$0 0000 0000 MAINT 000000 PRIOR MAINT 000000
 ISSUE 1559 BRANCH 0000 DOB 000000 INS N 00 0 CIT N 000000
 COLLECTION Z F 101601 0 DISPUTE N 000000 .00 0000 0
 P/D CHANGES-M: N 0000 A: TRANSFER
 RCL N CRB N
 CR BUR 000000 N N N CREDIT DATA 0801 0000 0000 9008 FIRST USE R 090701
 CARDS 0 0 1249 N VISA CARD REQUEST 000000 ENCODE Y PIN REQUEST N 000000
 UM1 > N UM2 > N OD COV N ANN FEE N 0000 .00 AUTO DEDUCTION
 UDATA > > > > 6710800000000000
 CHECKING SAVINGS INSTALLMENT LOAN
 TRANSIT/ROUTING 0000000000 OTHER CARDHOLDER [REDACTED]
 PAYMENT 111401 6483.89 CREDIT 120401 PURCHASE 120401 CASH ADVANCE 000000
 N1 NES LLC
 N2 CORPORATE ACCOUNT
 A1 457 MADISON AVE FL 4
 A2
 CS NEW YORK NY 10022-6843 **OLD
 H 0000000000 B 2127501176 HOLD N 000 **ACCOUNT IS CURRENT

(Please Print)

☐ First Request ☐ Follow-up to Verbal F...jest

Unit No. _____

Name _____

DES LLC

Business Name _____

FOR MARITAL PROPERTY STATES ONLY

☐ Married ☐ Not Married ☐ Legally Separated
Name and Address of Spouse _____

ACCOUNT RECORD CHANGES

☐ Close Acct ☐ Add Soc. Sec. No. _____
☐ Cards Returned ☐ Cards Not Returned
☐ Reopen Account ☐ Remove Reissue Block
☐ Add Telephone Number _____ Area Code _____ Phone Number _____

☐ Name Change From: _____ To: _____

☐ Address Change _____

☐ Add Cardholder _____

☐ Order Card ☐ Do Not Order Card

☐ Delete Cardholder _____

☐ Add Authorized User _____

☐ Order Card ☐ Do Not Order Card

☐ Delete Authorized User _____

☐ Add Credit Rating _____ ☐ Delete Credit Rating _____

☐ Add Type Code _____ ☐ Delete Type Code _____

☐ Add Insurance* ☐ Delete Insurance _____

☐ Delete Automatic Payment Deduction _____

☐ Send Balance Transfer Checks # _____

To: _____

Cardholder Address _____

*If adding insurance, attach a signed copy of insurance application.

RISK MANAGEMENT/COLLECTIONS

☐ Restrict Account - R9 ☐ Erase Past-Due Status # times 1 - 30 _____
☐ Restrict ATM Access 31 - 60 _____
☐ List on Exception File 61 - 90 _____
☐ Zero Cards to Reissue 91 - 120 _____
☐ Stop Interest Erase All _____
☐ Stop Late Charge ☐ Re-Age Account
☐ Fix Payment \$ _____ on _____
☐ Minimum Payment \$ _____ ☐ Stop Statements
☐ Remove R-9 Restrictions

Date 12/6/01

Approved By [Signature]

File Number _____

Agent No. _____

311 NET 11/04/01

Routing: WHITE - Processor/YELLOW - Financial Institution

FOR BANKCARD USE ONLY

Account # _____
Name Line 1 _____ Date _____
Code _____ Verified by _____
Keyed by _____
PSC DOC # _____

MONETARY CHANGES

☒ Limit Increase to \$ 27,500.00 (whole dollar only)
☐ Limit Decrease to \$ _____ (whole dollar only)
☐ Change Corporate Account Limit to \$ _____ (whole dollar only)
☐ Reverse Finance Charge of \$ _____
☐ Reverse Late Charge Fee of \$ _____
☐ Reverse Over Limit Fee of \$ _____
☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee _____
☐ Waive Membership Fee Permanently

CARD/PIN ISSUANCE

☐ Order New Card for _____
☐ Charge Cardholder Replacement Card Fee of \$ _____
☐ Normal Delivery - 7 - 10 days
Send Card ☐ Express Delivery - 2 days \$10
(Check One): ☐ Saturday Delivery Add \$10
☐ Charge Cardholder
☐ Charge Financial Institution
☐ Fastcard \$20

Address to Mail Card _____

☐ Order PIN Reminder
☐ PIN Federal Express
☐ Send PIN to Alternate Address
Please Provide Address Below _____

FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTION

Rush

Financial Institution BBB
Print Name of Authorized Signer Nancy Brown

(Please Print)

☐ First Request

Unit #

Name

Business Name

FOR MARITAL PROPERTY STATES ONLY

☐ Married ☐ Not Married ☐ Legally Separated

Name and Address of Spouse

ACCOUNT RECORD CHANGES

- ☐ Close Acct ☐ Add Soc. Sec. No. ☐ Cards Returned ☐ Cards Not Returned
☐ Reopen Account ☐ Remove Reissue Block
☐ Add Telephone Number ☐ Area Code ☐ Phone Number

☐ Name Change From: ☐ To:

☐ Address Change

☐ Add Cardholder

☐ Order Card ☐ Do Not Order Card

☐ Delete Cardholder

☐ Add Authorized User

☐ Order Card ☐ Do Not Order Card

☐ Delete Authorized User

☐ Add Credit Rating ☐ Delete Credit Rating

☐ Add Type Code ☐ Delete Type Code

☐ Add Insurance* ☐ Delete Insurance

☐ Delete Automatic Payment Deduction

☐ Send Balance Transfer Checks #

To:

Cardholder Address

*If adding insurance, attach a signed copy of insurance application.

RISK MANAGEMENT/COLLECTIONS

- ☐ Restrict Account - R9 ☐ Erase Past-Due Status # times 1 - 30
☐ Restrict ATM Access 31 - 60
☐ List on Exception File 61 - 90
☐ Zero Cards to Reissue 91 - 120
☐ Stop Interest Erase All
☐ Stop Late Charge
☐ Fix Payment \$ on ☐ Re-Age Account
☐ Minimum Payment \$ ☐ Stop Statements
☐ Remove R-9 Restrictions

Date

Approved By

File Number

Agent No.

ROUTED: WHITE - PROCESSOR/YELLOW - FINANCIAL INSTITUTION

OR BANKCARD USE ONLY

Account #

Name Line 1

Date

Code

Verified by

Keyed by

PSC DOC #

MONEY CHANGES

- ☐ Limit Increase to \$ ☐ Limit Decrease to \$ ☒ Limit Decrease to \$ 25,000
☐ Change Corporate Account Limit to \$ ☐ Reverse Finance Charge of \$ ☐ Reverse Late Charge Fee of \$ ☐ Reverse Over Limit Fee of \$ ☐ Reverse Insurance Fee of \$ ☐ Reverse Current Membership Fee ☐ Waive Membership Fee Permanently

CARD/PIN ISSUANCE

- ☐ Order New Card for ☐ Charge Cardholder Replacement Card Fee of \$ ☐ Send Card ☐ Normal Delivery - 7 - 10 days ☐ Express Delivery - 2 days - \$10 (Check One): ☐ Saturday Delivery Add \$10 ☐ Charge Cardholder ☐ Charge Financial Institution ☐ Fastcard \$20

Address to Mail Card

- ☐ Order PIN Reminder ☐ PIN Federal Express ☐ Send PIN to Alternate Address ☐ Please Provide Address Below

FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTIONS

Risk

PBAE

Financial Institution

Print Name of Authorized Signer

MESSAGE CONFIRMATION

12/18/01 16:34
ID=PALM BEACH NATIONAL BANK

NO.	MODE	BOX	GROUP
060	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S.CODE
12/18 16:34	00:28"	M&I APPLICATIONS	001/001	OK		0000

CIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT INFORMATION

A/P Tracking Number: [REDACTED]

Company Number: [REDACTED]

Business ☒ VISA ☐ MasterCard ☐ Corporate ☐ Purchasing

Corporate Account: [REDACTED]

Div. ID	Div. Name	Reporting Unit (Optional)	General Ledger #	Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional)						
City	State	ZIP Code				
Div. ID	Div. Name	Reporting Unit (Optional)	General Ledger #	Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional)						
City	State	ZIP Code				
Div. ID	Div. Name	Reporting Unit (Optional)	General Ledger #	Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional)						
City	State	ZIP Code				

D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Agent # [REDACTED] Bank # [REDACTED] Date: 12-18-01

Code:

Date:

Keyed by:

A/P Tracking Number:

M&I Data Services
EFD Card Services
COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION

Please indicate Commercial Card Product type:

☐ VISA
☒ Business

☐ MasterCard
☐ Corporate

☐ Purchasing
Company Name: NES LLC

Company Number:

Corporate Account:

SECTION I – AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
<u>Valdson Cotrin</u>	<u>3,000</u>	<u>0</u>	<u>Y</u>						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

* Visa Purchasing Card Options

† Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Financial Institution Name:

Authorized Signature: Asst. Mgr.

Agent #

Bank #

Date:

12-18-01

233-107 MIDSbc (04/00)

Rate Code I

EFTA00186514

TRANSMISSION VERIFICATION REPORT

3/6/02

TIME : 01/01/1999 02:37

NAME :
FAX :
TEL :

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

01/01 02:35
00:02:00
04
OK
STANDARD
ECM



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410

Fax Transmission cover Sheet

Date: 03/14/02

To: Credit Services [REDACTED]
(Applications and Business card maintenance)

Sender: Ann Lufft

Re: Nes,LLC

You should receive 4 pages(s), including this cover sheet. If you do not receive all the pages, please call [REDACTED].

The information contained in this message is privileged and confidential information intended for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, the agent or employee responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone. Please return the uncopied message to us by U.S. Mail. Thank you.

Metavante Corporation
Credit Card ServicesCREDIT CARD COLLECTIONS
AND MONETARY CHANGESAccount Number: [REDACTED]Name: Jonith MacKenzie

Street Address _____

City _____

State _____

ZIP _____

Business Name: Nes, LLC

Collections

- ☐ Restrict Account - R9
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$ _____
- ☐ Fix Payment \$ _____
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times _____
- ☐ 31-60 # times _____ ☐ 61-90 # times _____
- ☐ 91-120 # times _____ ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☐ Limit Increase to \$ _____
- ☒ Limit Decrease to \$ 3000.00
- ☐ Change Corporate Account Limit to \$ _____
- ☐ Reverse Finance Charge of \$ _____
- ☐ Reverse Late Charge Fee of \$ _____
- ☐ Reverse Over Limit fee of \$ _____
- ☐ Reverse Insurance Fee of \$ _____
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$ _____
- ☐ Reverse Convenience Fee \$ _____
- ☐ Reverse NSF Fee \$ _____
- ☐ Reverse Insurance Premium Fee \$ _____
- ☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: PBNBAuthorized Signature: [Signature]Print Name: Ann LufftBank # [REDACTED]Agent # [REDACTED]

Telephone # _____

Ext. _____

Date: 3-14-02

For Metavante Use Only

Completed by _____

Verification _____

Date _____

Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

**Metavante Corporation
Credit Card Services**
**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**
Account Number: Name: Shannon PasquariStreet Address City State ZIP Business Name: Nes, LLC
Collections

- ☐ Restrict Account - R9
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$
- ☐ Fix Payment \$
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times
- ☐ 31-60 # times ☐ 61-90 # times
- ☐ 91-120 # times ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☐ Limit Increase to \$
- ☒ Limit Decrease to \$ 9000.00
- ☐ Change Corporate Account Limit to \$
- ☐ Reverse Finance Charge of \$
- ☐ Reverse Late Charge Fee of \$
- ☐ Reverse Over Limit fee of \$
- ☐ Reverse Insurance Fee of \$
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$
- ☐ Reverse Convenience Fee \$
- ☐ Reverse NSF Fee \$
- ☐ Reverse Insurance Premium Fee \$
- ☐ Reverse Returned Check Fee \$

Free Text Messages/Miscellaneous Instructions
Financial Institution Name: BBWBDate: 3-14-02Authorized Signature: Shannon PasquariBank # Agent # Print Name: Shannon PasquariTelephone # Ext.
For Metavante Use Only
Completed by
Verification Date Date

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, ; others to Account Processing,

Metavante Corporation
Credit Card ServicesCREDIT CARD COLLECTIONS
AND MONETARY CHANGES

Account Number: [REDACTED]

Name: [REDACTED]

Street Address [REDACTED]

City [REDACTED]

State [REDACTED]

ZIP [REDACTED]

Business Name: NES, LLC

Collections

- ☐ Restrict Account - R9
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$ _____
- ☐ Fix Payment \$ _____
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times _____
- ☐ 31-60 # times _____ ☐ 61-90 # times _____
- ☐ 91-120 # times _____ ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 10,000
- ☐ Limit Decrease to \$ _____
- ☐ Change Corporate Account Limit to \$ _____
- ☐ Reverse Finance Charge of \$ _____
- ☐ Reverse Late Charge Fee of \$ _____
- ☐ Reverse Over Limit fee of \$ _____
- ☐ Reverse Insurance Fee of \$ _____
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$ _____
- ☐ Reverse Convenience Fee \$ _____
- ☐ Reverse NSF Fee \$ _____
- ☐ Reverse Insurance Premium Fee \$ _____
- ☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: PBNBAuthorized Signature: [Signature]Date: 3-14-02Print Name: Aaa Luft

Telephone # [REDACTED]

Bank # [REDACTED]

Agent # [REDACTED]

Ext. [REDACTED]

For Metavante Use Only

Completed by
VerificationDate _____
Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

MESSAGE CONFIRMATION

01/24/02 16:11
ID=PALM BEACH NATIONAL BANK

NO.	MODE	BOX	GROUP
511	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
01/24 16:11	00'29"	M&I APPLICATIONS	001/001	OK		0000

A/P Tracking Number:

Metavante Corporation
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # XXXXXXXXXX
Name Emmy Taylor
Business Name NES, LLC.

Account Record Changes

- ☒ Close Account
- ☐ Cards Returned ☒ Cards Not Returned
- ☐ Re-Open Account ☐ Remove Reissue Block
- ☐ Add Soc. Sec. #: _____
- ☐ Add Telephone # ☐ Home ☐ Business
- ☐ Name Change From: _____ To: _____
- ☐ Address Change to _____
City, State, ZIP _____
- ☐ Add Cardholder ☐ Do Not Order Card
- ☐ Order Card ☐ Do Not Order Card
- ☐ Delete Cardholder
- ☐ Add Authorized User ☐ Do Not Order Card
- ☐ Delete Authorized User
- ☐ Add Credit Rating ☐ Delete Credit Rating
- ☐ Add Type Code ☐ Delete Type Code
- ☐ Add Automatic Payment Deduction
- T/R# _____ Checking Acct# _____
- ☐ Minimum payment ☐ Previous balance
- ☐ Delete Automatic Payment Deduction
- ☐ Add E-mail Address _____
- ☐ Add Mother's Maiden Name _____
- ☐ Add Secondary CH SS# _____
- ☐ Add Secondary CH DOB _____
- ☐ Add Secondary CH Daytime Phone _____

For Marital Property States Only

- ☐ Married ☐ Not Married ☐ Legally Separated
- Spouse's Name _____
- Street Address _____
- City, State, ZIP _____

Card Issuance

- ☐ Order New Card for _____

Must mark below to indicate the type of card ordered

Send Card:

- ☐ Normal Delivery - 7 to 10 days
- ☐ Express Delivery - 2 days (\$10.00 charge)
- ☐ Saturday Delivery (Add \$10.00)
- ☐ Fastcard - 1 day (\$20.00 charge)
- ☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card: _____

Name _____

Street Address _____

City, ST, ZIP _____

- ☐ Charge Cardholder Replacement Card Fee of \$ _____

PIN Issuance

- ☐ Order PIN Reminder
- ☐ PIN Federal Express - 3 days (\$10.00 charge)
- Charge: ☐ Cardholder ☐ Financial Institution
- ☐ Send PIN to Alternate Address Below

Name _____

Street Address _____

City, State, ZIP _____

Balance / Payment Transfers

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PIN

Business

Name Emmy Tayer NES, LLC.

☒ Close Account

☒ Cards Not Returned

☐ Remove Reissue Block

Add Soc. Sec. #:

Add Telephone # _____

□

Name Change

Address Change

City, State, ZIP

Add Cardholder

☐ Order Card

Delete Cardholder

Add Authorized

☐ Order Card

Delete Authorized

Add Credit Rating

Add Type Code

Add Automatic F

T/R# _____

□ Minimum p

Delete Automati

Add E-mail Address

Add Mother's M

Add Secondary

Add Secondary (

Add Secondary (

Add Fax Number

Add Cell Phone#

Add Pager Num

Privacy Option

☐ Add Insurance☐ Delete Insurance

- *If adding insurance, attach a signed copy of the insurance application*

233-099a MIDSbc (12/01)

CVffgt!

Fax to Account Processing,

Telephone:

1-24-02

Agent #

Ext.

Metavante Corporation
Credit Card Services
CREDIT CARD ACCOUNT MAINTENANCE
 Account Record, Card, PIN

 Acct #
 Name Valdson Cotrin
 Business Name NES LLC
Account Record Changes

- ☐ Close Account
- ☐ Cards Returned ☐ Cards Not Returned
- ☐ Re-Open Account ☐ Remove Reissue Block
- ☐ Add Soc. Sec. #:
- ☐ Add Telephone # ☐ Home
- ☐ Business
- ☐ Name Change From:
- ☐ To:
- ☐ Address Change to
- ☐ City, State, ZIP
- ☐ Add Cardholder ☐ Do Not Order Card
- ☐ Order Card ☐ Delete Cardholder
- ☐ Add Authorized User ☐ Do Not Order Card
- ☐ Order Card ☐ Delete Authorized User
- ☐ Delete Credit Rating ☐ Delete Credit Rating
- ☐ Add Type Code ☐ Delete Type Code
- ☐ Add Automatic Payment Deduction
- T/R# Checking Acct#
- ☐ Minimum payment ☐ Previous balance
- ☐ Delete Automatic Payment Deduction
- ☐ Add E-mail Address
- ☐ Add Mother's Maiden Name
- ☐ Add Secondary CH SS#
- ☐ Add Secondary CH DOB
- ☐ Add Secondary CH Daytime Phone
- ☐ Add Fax Number
- ☐ Add Cell Phone#
- ☐ Add Pager Number
- ☐ Privacy Option

Insurance

- ☐
- Add Insurance
- ☐
- Delete Insurance

• If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions
Order PIN - set cash
Advance at 100%
of limit
For Marital Property States Only

- ☐ Married ☐ Not Married ☐ Legally Separated
- Spouse's Name
- Street Address
- City, State, ZIP

Card Issuance

- ☐
- Order New Card for
-

Must mark below to indicate the type of card ordered

Send Card:

- ☐ Normal Delivery - 7 to 10 days
- ☐ Express Delivery - 2 days (\$10.00 charge)
- ☐ Saturday Delivery (Add \$10.00)
- ☐ Fastcard - 1 day (\$20.00 charge)
- ☐ Saturday Delivery (Add \$10.00)
- Charge: ☐ Cardholder ☐ Financial Institution
- Address to Mail Card:
- Name
- Street Address
- City, ST, ZIP
- ☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

- ☐ Order PIN Reminder
- ☐ PIN Federal Express - 3 days (\$10.00 charge)
- Charge: ☐ Cardholder ☐ Financial Institution
- ☐ Send PIN to Alternate Address Below
- Name
- Street Address
- City, State, ZIP

Balance / Payment Transfers

 Transfer balance of \$

 From account #

 To account #

 Transfer payment of \$

 From account #

 To account #
Convenience Checks

- ☐
- Send Convenience Checks - # of books
-

 Name

 Street Address

 City, State, ZIP

 Financial Institution Name: ALBANY

 Authorized Signature: Ann Lufft

 Print Name: Ann Lufft

233-0993 MIDS& (12/01)

 Date: 1-9-02

 Bank #

 Agent #

 Telephone:

 Ext.
Fax to Account Processing,

TCSI 001 CODE IGB ACCT [REDACTED] NES LLC CYCLE 16 AGENT 1534 T.
BALANCE 10258.26 LIMI' \$25000 AVAILABLE \$1317 PAYMENT DUE 424.00
PAST DUE # 1 0 0 0 0 0 PAST DUE \$0 0 101601 00
PAST DUE \$ 0 0 0 0 0 0 0 VISAPHONE I
OPENED 9999 082101 HIGH BALANCE \$23966 120401 STATEMENTS 5 0 011602
TYPE B CREDIT RATING 000000 OVERLIMIT 0 \$0 PAYMENT DUE DATE 021002
LIMIT HISTORY \$25000 2 (2500) 7371 1201 M MAINT 121001 PRIOR MAINT 1206
ISSUE 1559 BRANCH 0000 DOB 000000 INS N 00 0 CIT N 000000
COLLECTION Z Z Z 101601 0 DISPUTE N 000000 .00 0000
P/D CHANGES-M: N 0000 A: TRANSFER
RCL N CRB N
CR BUR 000000 N N N CREDIT DATA 0801 0000 0000 9008 FIRST USE R 09070:
CARDS 0 0 1249 N VISA CARD REQUEST 000000 ENCODE Y PIN REQUEST N 000000
UM1 > N UM2 > N OD COV N ANN FEE N 0000 .00 AUTO DEDUCTION
UDATA > > > > > > 6710800000000000
CHECKING SAVINGS INSTALLMENT LOAN
TRANSIT/ROUTING 000000000 OTHER CARDHOLDER [REDACTED]
PAYMENT 011602 1676.46 CREDIT 011502 PURCHASE 012302 CASH ADVANCE 000000
N1 NES LLC
N2 CORPORATE ACCOUNT
A1 457 MADISON AVE FL 4
A2
CS NEW YORK NY 10022-6843 **OLD
H 0000000000 B 2127501176 HOLD N 000 **ACCOUNT IS CURRENT

5221

IN CF CR DR DT CL TF

1000000000

1534	TBR	NES LLC	457 MADISON AVE FL 4	000-00-000
		CORPORATE ACCOUNT	NEW YORK NY	10022-6843
1534	TBR	SHANNON PASCUZZI	9 E 71ST ST	000-00-000
		NES LLC	NEW YORK NY	10021-4102
1534	TBR	EMMY TAYLER	9 E 71ST ST	000-00-000
		NES LLC	NEW YORK NY	10021-4102
1534	TBR	JONITHA MACKENZIE	9 E 71ST ST	000-00-000
		NES LLC	NEW YORK NY	10021-4102
1534	TBR		457 MADISON AVE FL 4	000-00-000
		NES LLC	NEW YORK NY	10022-6843
1534	TBR	VALDSON COTRIN	457 MADISON AVE FL 4	000-00-000
		NES LLC	NEW YORK NY	10022-6843
2534	TBR	NEST BUILDERS INC	1001 10TH CT	000-00-000
		CORPORATE ACCOUNT	JUPITER FL	33477-9030
2534	TBR	KATHLEEN A KUKOR	2393 WINDWARD CV	000-00-000
		NEST BUILDERS INC	KISSIMMEE FL	34746-3651
3534	TBR	NEW YORK BAR AND GRILL	12189 US HIGHWAY 1	000-00-000
		CORPORATE ACCOUNT	NORTH PALM BEACH FL	33408-2684
3534	TBR	JOANN WOTTAWA	12189 US HIGHWAY 1	000-00-000
	V4 TBR	NEW YORK BAR AND GRILL	NORTH PALM BEACH FL	33408-2684

PF7/PA1=PAGE BACK PF8/ENTER=PAGE FORWARD

BANK 534 CUST. # 00000002550
CUST NAME JEFFREY E EPSTEIN
457 MADISON AVE 4TH FL
NEW YORK NY 10020

REMARKS	HISTORICAL INFO

STATUS	OPEN	TAX ID	S
DATE OPENED	03-08-1991	HOME PHONE	
DATE CLOSED		BUS PHONE	
BRANCH	PALM BEACH OFFICE	PRIM OFFICER	DOROTHY WILSON
COST CENTER	0000200	SEC OFFICER	DOROTHY WILSON

BNK APPL	ACCOUNT NUMBER	S	OPEN	P	RELATION	CDTYP	BALANCE	SRA
534 CC		O	11-98	P	AUTH SIGN		492	*
534 DP		O	03-91	P	SOLE OWNE	N 015	4,797	N *
534 DP		O	03-91	P	SOLE OWNE	N 015	44,333	N *
534 DP		O	01-94	P	SOLE OWNE	M 014	618,204	N *
534 DP		O	10-97	P	SOLE OWNE	N 015	4,814	N *
534 DP		O	01-01	S	AUTH SIGN	D 075	26,741	N *
534 DP		O	08-99	P	SOLE OWNE	C 028	113,910	N *
534 HH		O	09-00	P	HH RELATE			

CIC3209 - PRESS PA1 FOR NEXT PAGE OR USE OPERATOR LOGICAL PAGING COMMANDS

CIC3209 - PRESS PA1 FOR NEXT PAGE OR USE OPERATOR LOGICAL PAGING COMMANDS

Metavante Corporation
Credit Card ServicesCREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PINAcct # Name NES LLCBusiness Name Cap. Acct.

Account Record Changes

☐ Close Account☐ Cards Returned ☐ Cards Not Returned☐ Re-Open Account ☐ Remove Reissue Block☐ Add Soc. Sec. #:☐ Add Telephone # ☐ Home ☐ Business ☐ Name Change From: To: ☐ Address Change to City, State, ZIP ☐ Add Cardholder ☐ Order Card ☐ Do Not Order Card☐ Delete Cardholder ☐ Add Authorized User ☐ Order Card ☐ Do Not Order Card☐ Delete Authorized User ☐ Add Credit Rating ☐ Delete Credit Rating ☐ Add Type Code ☐ Delete Type Code ☐ Add Automatic Payment Deduction T/R# Checking Acct# ☐ Minimum payment ☐ Previous balance ☐ Delete Automatic Payment Deduction ☐ Add E-mail Address ☐ Add Mother's Maiden Name ☐ Add Secondary CH SS# ☐ Add Secondary CH DOB ☐ Add Secondary CH Daytime Phone ☐ Add Fax Number ☐ Add Cell Phone# ☐ Add Pager Number ☐ Privacy Option

Insurance

☐ Add Insurance☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Set up For CASH Advance
Availability & RushFinancial Institution Name: Laurel Beach National BankDate: 2/12/02Authorized Signature: Nancy J. BrunoBank # Agent # Print Name: Nancy J. Bruno

233-0992 MIDSoc (12/01)

Telephone: Ext. Fax to Account Processing,

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally SeparatedSpouse's Name Street Address City, State, ZIP

Card Issuance

☐ Order New Card for *Must mark below to indicate the type of card ordered*

Send Card:

☐ Normal Delivery - 7 to 10 days☐ Express Delivery - 2 days (\$10.00 charge)☐ Saturday Delivery (Add \$10.00)☐ Fastcard - 1 day (\$20.00 charge)☐ Saturday Delivery (Add \$10.00)Charge: ☐ Cardholder ☐ Financial InstitutionAddress to Mail Card: Name Street Address City, ST, ZIP ☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder☐ PIN Federal Express - 3 days (\$10.00 charge)Charge: ☐ Cardholder ☐ Financial Institution☐ Send PIN to Alternate Address BelowName Street Address City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$ From account # To account # Transfer payment of \$ From account # To account #

Convenience Checks

☐ Send Convenience Checks - # of books Name Street Address City, State, ZIP Financial Institution Name: Laurel Beach National BankDate: 2/12/02Authorized Signature: Nancy J. BrunoBank # Agent # Print Name: Nancy J. Bruno

233-0992 MIDSoc (12/01)

Telephone: Ext. Fax to Account Processing,

Metavante Corporation
Credit Card Services
CREDIT CARD ACCOUNT MAINTENANCE
 Account Record, Card, PIN

Acct #

Name

Business Name

Account Record Changes
☐ Close Account☐ Cards Returned☐ Cards Not Returned☐ Re-Open Account☐ Remove Reissue Block☐ Add Soc. Sec. #:☐ Add Telephone #☐ Home☐ Name Change☐ Business

From:

To:

☒ Address Change to

City, State, ZIP

☐ Add Cardholder☐ Order Card☐ Do Not Order Card☐ Delete Cardholder☐ Add Authorized User☐ Order Card☐ Do Not Order Card☐ Delete Authorized User☐ Add Credit Rating☐ Delete Credit Rating☐ Add Type Code☐ Delete Type Code☐ Add Automatic Payment Deduction

T/R#

Checking Acct#

☐ Minimum payment☐ Previous balance☐ Delete Automatic Payment Deduction☐ Add E-mail Address☐ Add Mother's Maiden Name☐ Add Secondary CH SS#☐ Add Secondary CH DOB☐ Add Secondary CH Daytime Phone☐ Add Fax Number☐ Add Cell Phone#☐ Add Pager Number☐ Privacy Option
Insurance
☐ Add Insurance☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Please change the address
on all 3 of these accts to
the one on the corp acct.

Financial Institution Name:

Authorized Signature:

Print Name:

233-0994 MDSbc (12/01)

PBUB

Ann Lufft

Ann Lufft

Fax to Account Processing,
For Marital Property States Only
☐ Married☐ Not Married☐ Legally Separated

Spouse's Name

Street Address

City, State, ZIP

Card Issuance
☐ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days☐ Express Delivery - 2 days (\$10.00 charge)☐ Saturday Delivery (Add \$10.00)☐ Fastcard - 1 day (\$20.00 charge)☐ Saturday Delivery (Add \$10.00)Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card:

Name

Street Address

City, ST, ZIP

☐ Charge Cardholder Replacement Card Fee of \$
PIN Issuance
☐ Order PIN Reminder☐ PIN Federal Express - 3 days (\$10.00 charge)Charge: ☐ Cardholder ☐ Financial Institution☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Convenience Checks
☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Date: 1-25-02

Bank # 1559

Agent # 1534

Telephone

Ext.

Metavante Corporation
Credit Card ServicesCREDIT CARD COLLECTIONS
AND MONETARY CHANGESAccount Number: [REDACTED]Name: [REDACTED]

Street Address _____

City _____

State _____

ZIP _____

Business Name: Nes, Inc

Collections

☐ Restrict Account - R9

☐ Zero Cards to Reissue

☐ List on Exception File

☐ Restrict on ATM Access

☐ Stop Interest

☐ Stop Late Charge

☐ Stop Statements

☐ Stop Overlimit / Past Due Notices

☐ Minimum Payment Due This Cycle \$ _____

☐ Fix Payment \$ _____

☐ Re-Age account

☐ Erase Past Due Status ☐ 1-30 # times _____

☐ 31-60 # times _____ ☐ 61-90 # times _____

☐ 91-120 # times _____ ☐ Erase All

☐ Remove R9 Restrictions

Monetary Changes

☒ Limit Increase to \$ 35,000.

☐ Limit Decrease to \$ _____

☐ Change Corporate Account Limit to \$ _____

☐ Reverse Finance Charge of \$ _____

☐ Reverse Late Charge Fee of \$ _____

☐ Reverse Over Limit fee of \$ _____

☐ Reverse Insurance Fee of \$ _____

☐ Reverse Current Membership Fee

☐ Waive Membership Fee Permanently

☐ Reverse Replacement Card Fee \$ _____

☐ Reverse Convenience Fee \$ _____

☐ Reverse NSF Fee \$ _____

☐ Reverse Insurance Premium Fee \$ _____

☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: PBNBAuthorized Signature: [Signature]

Print Name: _____

Date: 3-29-02Bank # 1559Agent # 1534Telephone # [REDACTED] Ext. _____

For Metavante Use Only

Completed by _____
Verification _____

Date _____

Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

Metavante Corporation
Credit Card ServicesCREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PIN

Acct #
 Name ADAM KERRY LANG
 Business Name NES LLC

Account Record Changes

- ☐ Close Account
- ☐ Cards Returned ☐ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block
☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home
☐ Business
☐ Name Change From:
 To:
☐ Address Change to
 City, State, ZIP
☐ Add Cardholder ☐ Do Not Order Card
☐ Order Card ☐ Delete Cardholder
☐ Add Authorized User ☐ Do Not Order Card
☐ Order Card ☐ Delete Authorized User
☐ Add Credit Rating ☐ Delete Credit Rating
☐ Add Type Code ☐ Delete Type Code
☐ Add Automatic Payment Deduction
 T/R# Checking Acct# Previous balance ☐
☐ Minimum payment ☐ Delete Automatic Payment Deduction
☐ Add E-mail Address
☐ Add Mother's Maiden Name
☐ Add Secondary CH SS#
☐ Add Secondary CH DOB
☐ Add Secondary CH Daytime Phone
☐ Add Fax Number
☐ Add Cell Phone#
☐ Add Pager Number
☐ Privacy Option ☐

Insurance

- ☐ Add Insurance ☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

update officer code
001

For Marital Property States Only

- ☐ Married ☐ Not Married ☐ Legally Separated

Spouse's Name Street Address City, State, ZIP

Card Issuance

- ☐ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

- ☐ Normal Delivery - 7 to 10 days
☐ Express Delivery - 2 days (\$10.00 charge)
☐ Saturday Delivery (Add \$10.00)
☐ Fastcard - 1 day (\$20.00 charge)
☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial InstitutionAddress to Mail Card: Name Street Address City, ST, ZIP

- ☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

- ☐ Order PIN Reminder

- ☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

- ☐ Send PIN to Alternate Address Below

Name Street Address City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$ From account # To account # Transfer payment of \$ From account # To account #

Convenience Checks

- ☐ Send Convenience Checks - # of books

Name Street Address City, State, ZIP Financial Institution Name: Authorized Signature: Print Name: Ann Cuthbert

233-099a MIDSbs (12/01)

Date: 4-17-0Bank # Agent # Telephone Ext. Fax to Account Processing,

MEMORY TRANSMISSION REPORT

TIME : APR-10-2002 11:36AM
 TEL NUMBER :
 NAME :

FILE NUMBER : 001
 DATE : APR-10 11:35AM
 TO :
 DOCUMENT PAGES : 002
 START TIME : APR-10 11:35AM
 END TIME : APR-10 11:36AM
 SENT PAGES : 002
 STATUS : OK
 FILE NUMBER : 001

*** SUCCESSFUL TX NOTICE ***

Fax R9 requests to Collections, ; others to Account Processing,

233-0996 MIBSbc (12/01)

For Metavante Use Only
 Completed by
 Verification

Print Name:

Authorized Signature:

Financial Institution Name:

Telephone #

Bank #

Date:

Agent #

Ext.

Free Text Messages/Miscellaneous Instructions

☐ Restrict Account - R9
☐ Zero Cards to Reissue
☐ List on Exception File
☐ Restrict on ATM Access
☐ Stop Interest
☐ Stop Late Charge
☐ Stop Statements
☐ Stop Overlimit / Past Due Notices
☐ Minimum Payment Due This Cycle \$
☐ Fix Payment \$
☐ Re-Age account
☐ Erase Past Due Status ☐ 1-30 # times ☐ 31-60 # times ☐ 61-90 # times ☐ 91-120 # times ☐ Erase All
☐ Remove R9 Restrictions

Monetary Changes

☐ Limit Increase to \$ 5,000
☐ Limit Decrease to \$
☐ Change Corporate Account Limit to \$
☐ Reverse Finance Charge of \$
☐ Reverse Late Charge Fee of \$
☐ Reverse Over Limit fee of \$
☐ Reverse Insurance Fee of \$
☐ Reverse Current Membership Fee
☐ Waive Membership Fee Permanently
☐ Reverse Replacement Card Fee \$
☐ Reverse Convenience Fee \$
☐ Reverse NSF Fee \$
☐ Reverse Insurance Premium Fee \$
☐ Reverse Returned Check Fee \$

CREDIT CARD COLLECTIONS AND MONETARY CHANGES

Metavante Corporation
 Credit Card Services

Account Number:

Name:

Street Address

City

State

ZIP

Business Name:

Yes LLC

AT Tracking Number:

M&I Data Services		EFD Card Services	
COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT INFORMATION			
Please indicate Commercial Card Product type:			
☐ VISA ☒ Business ☐ Corporate ☐ Purchasing			
Company Name: <u>NES LLC</u>			
Company Number: <u>[REDACTED]</u> Corporate Account: <u>[REDACTED]</u>			

SECTION 1 - AUTHORIZED USERS

Name <u>Adam Perry Lang</u>	Credit Line <u>5000</u>	Cash Advance Capability <u>†</u>	Div. ID	Div. Name	Dept. ID	Dept. Name	General Ledger #	Assigned *	Taxable Y/N *	MEA Y/N *	
Mothers Maiden Name (Optional)			Social Security Number (Optional)			Home telephone # (Optional)			Account Number (EFD Use)		
Cardholder billing address			City			State			ZIP Code		
Special Handling Instructions ☐ Federal Express			Plastic address if different from Cardholder billing address:			City			State		
ZIP Code			State			City			ZIP Code		

Name	Credit Line	Cash Advance Capability <u>†</u>	Div. ID	Div. Name	Dept. ID	Dept. Name	General Ledger #	Assigned *	Taxable Y/N *	MEA Y/N *	
Mothers Maiden Name (Optional)			Social Security Number (Optional)			Home telephone # (Optional)			Account Number (EFD Use)		
Cardholder billing address			City			State			ZIP Code		
Special Handling Instructions ☐ Federal Express			Plastic address if different from Cardholder billing address:			City			State		
ZIP Code			State			City			ZIP Code		

Name	Credit Line	Cash Advance Capability <u>†</u>	Div. ID	Div. Name	Dept. ID	Dept. Name	General Ledger #	Assigned *	Taxable Y/N *	MEA Y/N *	
Mothers Maiden Name (Optional)			Social Security Number (Optional)			Home telephone # (Optional)			Account Number (EFD Use)		
Cardholder billing address			City			State			ZIP Code		
Special Handling Instructions ☐ Federal Express			Plastic address if different from Cardholder billing address:			City			State		
ZIP Code			State			City			ZIP Code		

* Visa Purchasing Card Options

† Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Financial Institution Name: <u>PNC</u>	Authorized Signature: <u>[Signature]</u>
Agent # <u>[REDACTED]</u>	Bank # <u>[REDACTED]</u>
Date: <u>4-10-02</u>	

A/P Tracking Number:

Keyed by:

Date:

(code)

**Metavante Corporation
Credit Card Services**
**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**
Account Number: [REDACTED]Name: Valdson Cotrin

Street Address _____

City _____

State _____

ZIP _____

Business Name: Nes LLC
Collections

- ☐ Restrict Account - R9
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$ _____
- ☐ Fix Payment \$ _____
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times _____
- ☐ 31-60 # times _____ ☐ 61-90 # times _____
- ☐ 91-120 # times _____ ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 5,000
- ☐ Limit Decrease to \$ _____
- ☐ Change Corporate Account Limit to \$ _____
- ☐ Reverse Finance Charge of \$ _____
- ☐ Reverse Late Charge Fee of \$ _____
- ☐ Reverse Over Limit fee of \$ _____
- ☐ Reverse Insurance Fee of \$ _____
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$ _____
- ☐ Reverse Convenience Fee \$ _____
- ☐ Reverse NSF Fee \$ _____
- ☐ Reverse Insurance Premium Fee \$ _____
- ☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: _____

Authorized Signature: PBBB [Signature]Print Name: Aan [Signature]

Telephone # _____

Date: 4-10-02Agent # [REDACTED]Ext. [REDACTED]
For Metavante Use Only
Completed by _____
Verification _____Date _____
Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

RUSH

A/P Tracking Number:

Metavante Corporation
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # [REDACTED]
Name Sonitha Mackenzie
Business Name Nes LLC

Account Record Changes

☒ Close Account

☐ Cards Returned ☒ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block

☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home ☐ Business

☐ Name Change From: _____ To: _____

☐ Address Change to _____
City, State, ZIP _____

☐ Add Cardholder ☐ Do Not Order Card

☐ Order Card ☐ Delete Cardholder

☐ Add Authorized User ☐ Do Not Order Card

☐ Delete Authorized User ☐ Delete Credit Rating

☐ Add Credit Rating ☐ Delete Type Code

☐ Add Type Code ☐ Delete Type Code

☐ Add Automatic Payment Deduction

T/R# _____ Checking Acct# _____

☐ Minimum payment ☐ Previous balance

☐ Delete Automatic Payment Deduction

☐ Add E-mail Address _____

☐ Add Mother's Maiden Name _____

☐ Add Secondary CH SS# _____

☐ Add Secondary CH DOB _____

☐ Add Secondary CH Daytime Phone _____

☐ Add Fax Number _____

☐ Add Cell Phone# _____

☐ Add Pager Number _____

☐ Privacy Option _____

Insurance

☐ Add Insurance ☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separated

Spouse's Name _____

Street Address _____

City, State, ZIP _____

Card Issuance

☐ Order New Card for _____

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days

☐ Express Delivery - 2 days (\$10.00 charge)

☐ Saturday Delivery (Add \$10.00)

☐ Fastcard - 1 day (\$20.00 charge)

☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card: _____

Name _____

Street Address _____

City, ST, ZIP _____

☐ Charge Cardholder Replacement Card Fee of \$ _____

PIN Issuance

☐ Order PIN Reminder

☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

☐ Send PIN to Alternate Address Below

Name _____

Street Address _____

City, State, ZIP _____

Balance / Payment Transfers

Transfer balance of \$ _____

From account # _____

To account # _____

Transfer payment of \$ _____

From account # _____

To account # _____

Convenience Checks

☐ Send Convenience Checks - # of books _____

Name _____

Street Address _____

City, State, ZIP _____

Financial Institution Name: _____

Authorized Signature: Ann Cuffey

Print Name: Ann Cuffey

233-099a MIDS&c (12/01)

Fax to Account Processing, [REDACTED]

Date: 6-13-02

Bank # [REDACTED]

Agent # [REDACTED]

Telephone: [REDACTED] xt. _____

RUSH

Code:

Date:

Keyed by:

A/P Tracking Number:

M&I Data Services
EFD Card Services
COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION

Please indicate Commercial Card Product type:

☐ VISA☐ MasterCard☒ Business☐ Corporate☐ PurchasingCompany Name: NCS, LLC

Company Number:

Corporate Account: 777-100-2222

SECTION I – AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
<u>Nicholas Simmonds</u>	<u>4,000.</u>	<u>100</u>	<u>Y</u>						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
<u>Edwina Simmonds</u>	<u>2,000.</u>	<u>100%</u>	<u>Y</u>						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

Name	Credit Line	Cash Advance Capability † "D" or % of Limit	Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)		Account Number (EFD Use)					
		()							
Cardholder billing address				City		State	ZIP Code		

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

City

State

ZIP Code

* Visa Purchasing Card Options

† Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Financial Institution Name: PBWBAuthorized Signature: [Signature]Agent # [Redacted]Bank # [Redacted]Date: 7-11-02

A/P Tracking Number:

**Metavante Corporation
Credit Card Services**

**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account Number: [REDACTED]

Name: Sharon Pazzini

Street Address 457 Madison Ave Fourth Floor

City New York State NY ZIP 10022

Business Name: Nes LLC

Collections

☐ Restrict Account - R9	
☐ Close Account - V9	
☐ Delete Cardholder	
☐ Zero Cards to Reissue	
☐ List on Exception File	
☐ Restrict on ATM Access	
☐ Stop Interest	
☐ Stop Late Charge	
☐ Stop Statements	
☐ Stop Overlimit / Past Due Notices	
☐ Minimum Payment Due This Cycle \$	
☐ Fix Payment \$	
☐ Re-Age account	
☐ Erase Past Due Status	☐ 1-30 # times
☐ 31-60 # times	☐ 61-90 # times
☐ 91-120 # times	☐ Erase All
☐ Remove R9 Restrictions	

Monetary Changes

☐ Limit Increase to \$	
☒ Limit Decrease to \$	<u>2,000</u>
☐ Change Corporate Account Limit to \$	
☐ Reverse Finance Charge of \$	
☐ Reverse Late Charge Fee of \$	
☐ Reverse Over Limit fee of \$	
☐ Reverse Insurance Fee of \$	
☐ Reverse Current Membership Fee	
☐ Waive Membership Fee Permanently	
☐ Reverse Replacement Card Fee \$	
☐ Reverse Convenience Fee \$	
☐ Reverse NSF Fee \$	
☐ Reverse Insurance Premium Fee \$	
☐ Reverse Returned Check Fee \$	

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Date: 5/16/03

Authorized Signature: [Signature]

Bank #

Agent #

Print

Telephone #

Ext.

Name: Jeffrey Desmond

For Metavante Use Only

Completed by

Date

Verification

Date

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

**Metavante Corporation
Credit Card Services**

COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION

Please indicate Commercial Card Product type:

☒ VISA ☐ MasterCard
☒ Business ☐ Corporate ☐ Purchasing

Company Name: NES LLC

Company Number:

Corporate Account

SECTION I – AUTHORIZED USERS

Name <u>Karen L Gordon</u>	Credit Line <u>4,000</u>	Cash Advance Capability "D" or % of Limit <u>0%</u> Pin <u>N</u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional) ()	Account Number (Metavante Use)					

Cardholder billing address

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name <u>Brice M Gordon</u>	Credit Line <u>4,000</u>	Cash Advance Capability "D" or % of Limit <u>0%</u> Pin <u>N</u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional) ()	Account Number (Metavante Use)					

Cardholder billing address

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name <u></u>	Credit Line <u></u>	Cash Advance Capability "D" or % of Limit <u></u> Pin <u></u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional) ()	Account Number (Metavante Use)					

Cardholder billing address

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Visa Purchasing Card Options

☒ Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

Financial Institution Name: Colonial Bank

Authorized Signature: [Signature]

Agent #

Bank #

Date:

5/16/03

A/P Tracking Number: **COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT INFORMATION**Metavante Corporation
Credit Card Services
Please indicate Commercial Card Product Type:☒ VISA Business
☐ MasterCard
☐ Corporate
☐ Purchasing

Corporate Account: [REDACTED]

Company Number: [REDACTED]

Company Name: **NCS LLC**

SECTION 1 - AUTHORIZED USERS

Name	Michael D. Friedman
Credit Line	3000
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

Name	
Credit Line	
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

Name	
Credit Line	
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

Name	
Credit Line	
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

Name	
Credit Line	
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

Name	
Credit Line	
Cash Advance Capability	☒ "D" or % of Limit Pin Y/N
Reporting Unit (Optional)	Div. ID Div. Name
General Ledger #	Assigned *
Taxable Y/N *	MEAs Y/N *
Account Number (Metavante Use)	
Social Security Number (Optional)	
Home telephone # (Optional)	
City State ZIP Code	
Cardholder billing address	
Special Handling Instructions: ☐ Federal Express	
Plastic address if different from Cardholder billing address:	

* Visa Purchasing Card Options

Financial Institution Name: [REDACTED]

Authorized Signature: [REDACTED]

Date: 12/31/03

Agent # [REDACTED]

Bank # [REDACTED]

Code: Date:		COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION									
Metavante Corporation Credit Card Services		☐ VISA ☐ MasterCard ☐ Purchasing ☒ Business ☐ Corporate									
Please indicate Commercial Card Product type:		Company Number: Corporate Account: [REDACTED]									
Company Name: <u>NES, LLC</u>											
SECTION I – AUTHORIZED USERS											
Name	<u>Alfredo Rodriguez</u>	Credit Line	<u>2,500</u>	Cash Advance Capability "D" or % of Limit Pin Y/N	☒	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)		Social Security Number (Optional)	<u>453-49-9253</u>	Home telephone # (Optional)							
Cardholder billing address		<u>457 Madison Ave, Fourth Floor</u>				City	<u>New York</u>	State	<u>N. Y.</u>	ZIP Code	<u>10022</u>
Special Handling Instructions:		☐ Federal Express				City		State		ZIP Code	
Plastic address if different from Cardholder billing address:											
Name	<u>Joseph Rueda</u>	Credit Line	<u>1,000</u>	Cash Advance Capability "D" or % of Limit Pin Y/N	☒	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)		Social Security Number (Optional)	[REDACTED]	Home telephone # (Optional)							
Cardholder billing address		<u>SAME</u>				City		State		ZIP Code	
Special Handling Instructions:		☐ Federal Express				City		State		ZIP Code	
Plastic address if different from Cardholder billing address:											
Name	<u>Luciano Fontanilla</u>	Credit Line	<u>1,000</u>	Cash Advance Capability "D" or % of Limit Pin Y/N	☒	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Mothers Maiden Name (Optional)		Social Security Number (Optional)	[REDACTED]	Home telephone # (Optional)							
Cardholder billing address		<u>SAME</u>				City		State		ZIP Code	
Special Handling Instructions:		☐ Federal Express				City		State		ZIP Code	
Plastic address if different from Cardholder billing address:											
* Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)											
Financial Institution Name: <u>Colonial Bank</u>										Agent # <u>1534</u>	Bank # <u>1534</u>
Authorized Signature: <u>Jeff Desmond</u>										Date: <u>9/22/04</u>	

** Transmit Conf. Report **

Sep 22 2004 15:59

P.1

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
916082407496	NORMAL	22, 15:59	0'21"	1	# 0 K	

Code: Date: Keyed by: **COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT**

Metavante Corporation
Credit Card Services

Please indicate Commercial Card Product type: ☐ VISA ☐ MasterCard ☐ Business ☐ Corporate ☐ Purchasing

Company Name: NCS, LLC Company Number: Corporate Account: [REDACTED]

SECTION I - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Account Number
Alfredo Rodriguez	2,500					
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)				
	453-49-9253				City New York State N. Y.	
Cardholder billing address 457 Madison Ave, Fourth Floor						
Special Handling Instructions: ☐ Federal Express						
Plastic address if different from Cardholder billing address:						
Joseph Rueda	1,000					
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)				
	[REDACTED]				City State	
Cardholder billing address SAME						
Special Handling Instructions: ☐ Federal Express						
Plastic address if different from Cardholder billing address:						
Luciano Fontanilla	1,000					
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)				
	[REDACTED]				City State	
Cardholder billing address SAME						
Special Handling Instructions: ☐ Federal Express						
Plastic address if different from Cardholder billing address:						

* Visa Purchasing Card Options

Financial Institution Name: Colonial Bank Agent: [REDACTED] Date: 9/22/04

Authorized Signature: Jeff Desmond

233-107 MIDSbc (11/00)

EXCEPTION CARD

TYPE CARD	ACCOUNT NUMBER	DATE	USER NUMBER
PREREISSUE	[REDACTED]	07-01-03	1559
NAME AND ADDRESS		PAST DUE	LISTINGS
		PAST DUE CHARGE	

EFTA00186541

EXCEPTION

CARD

TYPE CARD
PREREISSUR

DATE

07-01-03

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PAST DUE

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PAST DUE

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LISTINGS

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JONITHAMACKENZIE
NES LLC
457 MADISON AVE FL 4
NEW YORK NY 10022-6843

HOME TELEPHONE BUSINESS TELEPHONE CURRENT PAYMENT

NO. CREDIT ISSUED 1 EXP. 08/03

RELATED ACCOUNT NUMBER

1534 169999 B V9

SIX MONTHS MONETARY HISTORY

PURCHASES CASH ADVANCES PAYMENTS CREDITS

MONTH NO AMOUNT NO AMOUNT NO AMOUNT

RENT NO AMOUNT NO AMOUNT NO AMOUNT

CURRENT YEAR CURRENT YEAR

05 04

03 02

02 01

12 12

PAST DUE HISTORY

1-59 51-60 61-90

91 +

9

061702

LAST PAYMENT

000000

0P-082101

SS-0000000000

FREE TEXT MESSAGES

909888 *CLSD ACCT PER ANN L/D

ANK SBUNDY

909888 *DECREASE LIMIT PER AN

N L/BANK SBUNDY

909888 *COA PER ANN L/BANK SB

UNDY

423006 *MONITOR

423004 *MONITOR

423004 *LMT DECLINE

423004 *LMT DECLINE

423017 *USE SEEMS OK

423002 *MONITOR

999999 *PER REQ OF JEAN AIME

FROM OFFICE DEPOT, REV AUTH

000000 *FOR 1373.75 WSMITH

423004 *USE SEEMS OK

423017 *CONT TO MONITOR

423013 *MONITOR

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A/P Tracking Number:

**Metavante Corporation
Credit Card Services**

**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account Number: [REDACTED]

Name: Nicholas Simmonds

Street Address _____

City _____

State _____

ZIP _____

Business Name: Des

Collections

- ☐ Restrict Account - R9
☐ Close Account - V9
☐ Delete Cardholder _____
☐ Zero Cards to Reissue
☐ List on Exception File
☐ Restrict on ATM Access
☐ Stop Interest
☐ Stop Late Charge
☐ Stop Statements
☐ Stop Overlimit / Past Due Notices
☐ Minimum Payment Due This Cycle \$ _____
☐ Fix Payment \$ _____
☐ Re-Age account
☐ Erase Past Due Status ☐ 1-30 # times _____
☐ 31-60 # times _____ ☐ 61-90 # times _____
☐ 91-120 # times _____ ☐ Erase All
☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 5,000.
☐ Limit Decrease to \$ _____
☐ Change Corporate Account Limit to \$ _____
☐ Reverse Finance Charge of \$ _____
☐ Reverse Late Charge Fee of \$ _____
☐ Reverse Over Limit fee of \$ _____
☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee
☐ Waive Membership Fee Permanently
☐ Reverse Replacement Card Fee \$ _____
☐ Reverse Convenience Fee \$ _____
☐ Reverse NSF Fee \$ _____
☐ Reverse Insurance Premium Fee \$ _____
☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: PBVB

Authorized Signature: Ann Lufft

Print Name: Ann Lufft

Date: 8-9-02

Bank # [REDACTED]

Agent # [REDACTED]

Telephone # [REDACTED]

Ext. _____

For Metavante Use Only

Completed by _____
Verification _____

Date _____

Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

**Metavante Corporation
Credit Card Services**
**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account Number: [REDACTED]

Name: Edwina Simmonds

Street Address _____

City _____ State _____ ZIP _____

Business Name: Nes, LLC
Collections

☐ Restrict Account - R9
☐ Close Account - V9
☐ Delete Cardholder _____
☐ Zero Cards to Reissue
☐ List on Exception File
☐ Restrict on ATM Access
☐ Stop Interest
☐ Stop Late Charge
☐ Stop Statements
☐ Stop Overlimit / Past Due Notices
☐ Minimum Payment Due This Cycle \$ _____
☐ Fix Payment \$ _____
☐ Re-Age account
☐ Erase Past Due Status ☐ 1-30 # times _____
☐ 31-60 # times _____ ☐ 61-90 # times _____
☐ 91-120 # times _____ ☐ Erase All
☐ Remove R9 Restrictions

Monetary Changes

☒ Limit Increase to \$ 5,000.
☐ Limit Decrease to \$ _____
☐ Change Corporate Account Limit to \$ _____
☐ Reverse Finance Charge of \$ _____
☐ Reverse Late Charge Fee of \$ _____
☐ Reverse Over Limit fee of \$ _____
☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee
☐ Waive Membership Fee Permanently
☐ Reverse Replacement Card Fee \$ _____
☐ Reverse Convenience Fee \$ _____
☐ Reverse NSF Fee \$ _____
☐ Reverse Insurance Premium Fee \$ _____
☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions
Financial Institution Name: PBVBDate: 8-9-02Authorized Signature: [Signature]Bank # [REDACTED]Agent # [REDACTED]Print Name: Ann LufftTelephone # [REDACTED]

Ext. _____

For Metavante Use Only

 Completed by _____
 Verification _____

 Date _____
 Date _____

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

A/P Tracking Number:

Metavante Corporation
Credit Card Services

CREDIT CARD COLLECTIONS
AND MONETARY CHANGES

Account Number: [REDACTED]

Name: Shannon Pascuzzi

Street Address _____

City _____

State _____ ZIP _____

Business Name: NES, LLC.

Collections

☐ Restrict Account - R9	
☐ Close Account - V9	
☐ Delete Cardholder	
☐ Zero Cards to Reissue	
☐ List on Exception File	
☐ Restrict on ATM Access	
☐ Stop Interest	
☐ Stop Late Charge	
☐ Stop Statements	
☐ Stop Overlimit / Past Due Notices	
☐ Minimum Payment Due This Cycle \$ _____	
☐ Fix Payment \$ _____	
☐ Re-Age account	
☐ Erase Past Due Status ☐ 1-30 # times _____	
☐ ☐ 31-60 # times _____ ☐ 61-90 # times _____	
☐ ☐ 91-120 # times _____ ☐ Erase All	
☐ Remove R9 Restrictions	

Monetary Changes

☒ Limit Increase to \$ <u>10,000.</u>	
☐ Limit Decrease to \$ _____	
☐ Change Corporate Account Limit to \$ _____	
☐ Reverse Finance Charge of \$ _____	
☐ Reverse Late Charge Fee of \$ _____	
☐ Reverse Over Limit fee of \$ _____	
☐ Reverse Insurance Fee of \$ _____	
☐ Reverse Current Membership Fee	
☐ Waive Membership Fee Permanently	
☐ Reverse Replacement Card Fee \$ _____	
☐ Reverse Convenience Fee \$ _____	
☐ Reverse NSF Fee \$ _____	
☐ Reverse Insurance Premium Fee \$ _____	
☐ Reverse Returned Check Fee \$ _____	

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: PBNB

Date: 8-9-02

Authorized Signature: [Signature]

Bank # _____ Agent # _____

Print Name: Ann Luft

Telephone # _____

Ext. _____

For Metavante Use Only

Completed by
Verification _____

Date _____
Date _____

233-0996 MIDSbc (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

Metavante Corporation
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PIN

A/P Tracking Number:

Acct #
Name Adam Perry Lang
Business Name Nes, LLC

Account Record Changes

☒ Close Account

☐ Cards Returned ☒ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block
☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home ☐ Business
☐ Name Change From: To:
☐ Address Change to
City, State, ZIP
☐ Add Cardholder ☐ Do Not Order Card
☐ Order Card ☐ Delete Cardholder
☐ Add Authorized User ☐ Do Not Order Card
☐ Order Card ☐ Delete Authorized User
☐ Add Credit Rating ☐ Delete Credit Rating
☐ Add Type Code ☐ Delete Type Code
☐ Add Automatic Payment Deduction
T/R# Checking Acct#
☐ Minimum payment ☐ Previous balance
☐ Delete Automatic Payment Deduction
☐ Add E-mail Address
☐ Add Mother's Maiden Name
☐ Add Secondary CH SS#
☐ Add Secondary CH DOB
☐ Add Secondary CH Daytime Phone
☐ Add Fax Number
☐ Add Cell Phone#
☐ Add Pager Number
☐ Privacy Option

Insurance

☐ Add Insurance ☐ Delete Insurance
* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separated
Spouse's Name
Street Address
City, State, ZIP

Card Issuance

☐ Order New Card for
Must mark below to indicate the type of card ordered
Send Card:
☐ Normal Delivery - 7 to 10 days
☐ Express Delivery - 2 days (\$10.00 charge)
☐ Saturday Delivery (Add \$10.00)
☐ Fastcard - 1 day (\$20.00 charge)
☐ Saturday Delivery (Add \$10.00)
Charge: ☐ Cardholder ☐ Financial Institution
Address to Mail Card:
Name
Street Address
City, ST, ZIP
☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder
☐ PIN Federal Express - 3 days (\$10.00 charge)
Charge: ☐ Cardholder ☐ Financial Institution
☐ Send PIN to Alternate Address Below
Name
Street Address
City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$
From account #
To account #
Transfer payment of \$
From account #
To account #

Convenience Checks

☐ Send Convenience Checks - # of books
Name
Street Address
City, State, ZIP

Financial Institution Name: PBBP

Authorized Signature: Ann Perry

Print

Name:

233-099a MIDSbc (12/01)

Date: 8-9-02

Bank # 1007

Agent #

Telephone:

Ext.

MEMORY TRANSMISSION REPORT

TIME : AUG-09-2002 03:35PM
 TEL NUMBER :
 NAME :

FILE NUMBER : 635
 DATE : AUG-09 03:34PM
 TO :
 DOCUMENT PAGES : 004
 START TIME : AUG-09 03:34PM
 END TIME : AUG-09 03:35PM
 SENT PAGES : 004
 STATUS : OK

FILE NUMBER : 635 *** SUCCESSFUL TX NOTICE ***

A/P Tracking Number:

Metavante Corporation Credit Card Services	CREDIT CARD COLLECTIONS AND MONETARY CHANGES
Account Number: <u>Nicholas Simmonds</u>	
Name: <u>Nicholas Simmonds</u>	
Street Address	State ZIP
City	
Business Name: <u>Nes</u>	

Collections

☐ Restrict Account - R9

☐ Close Account - V9

☐ Delete Cardholder

☐ Zero Cards to Reissue

☐ List on Exception File

☐ Restrict on ATM Access

☐ Stop Interest

☐ Stop Late Charge

☐ Stop Statements

☐ Stop Overlimit / Past Due Notices

☐ Minimum Payment Due This Cycle \$

☐ Fix Payment \$

☐ Re-Age account

☐ Erase Past Due Status ☐ 1-30 # times ☐ 31-60 # times ☐ 61-90 # times ☐ 91-120 # times ☐ Erase All

☐ Remove R9 Restrictions

Monetary Changes

☒ Limit Increase to \$ 5,000.

☐ Limit Decrease to \$

☐ Change Corporate Account Limit to \$

☐ Reverse Finance Charge of \$

☐ Reverse Late Charge Fee of \$

☐ Reverse Over Limit fee of \$

☐ Reverse Insurance Fee of \$

☐ Reverse Current Membership Fee

☐ Waive Membership Fee Permanently

☐ Reverse Replacement Card Fee \$

☐ Reverse Convenience Fee \$

☐ Reverse NSF Fee \$

☐ Reverse Insurance Premium Fee \$

☐ Reverse Returned Check Fee \$

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: BBB Date: 8-9-02

Authorized Signature: [Signature] Bank # 1559 Agent # 153

Print Name: Ann Lufft Telephone # [Redacted] Ext. [Redacted]

For Metavante Use Only

Completed by _____ Date _____

Verification _____ Date _____

233-0999 MICHIGAN (12/01)

Fax R9 requests to Collections, [Redacted] 601; others to Account Processing, 608-240-7601

Metavante Corporation
Credit Card Services

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # [REDACTED]
Name Nicholas Simmonds
Business Name NES, LLC

Account Record Changes

☒ Close Account
☐ Cards Returned ☒ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block
☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home ☐ Business
☐ Name Change From: _____ To: _____
☐ Address Change to _____
City, State, ZIP _____
☐ Add Cardholder ☐ Do Not Order Card
☐ Order Card ☐ Delete Cardholder
☐ Add Authorized User ☐ Order Card ☐ Do Not Order Card
☐ Delete Authorized User
☐ Add Credit Rating ☐ Delete Credit Rating
☐ Add Type Code ☐ Delete Type Code
☐ Add Automatic Payment Deduction
T/R# _____ Checking Acct# _____
☐ Minimum payment ☐ Previous balance
☐ Delete Automatic Payment Deduction
☐ Add E-mail Address _____
☐ Add Mother's Maiden Name _____
☐ Add Secondary CH SS# _____
☐ Add Secondary CH DOB _____
☐ Add Secondary CH Daytime Phone _____
☐ Add Fax Number _____
☐ Add Cell Phone# _____
☐ Add Pager Number _____
☐ Privacy Option _____

Insurance

☐ Add Insurance ☐ Delete Insurance
* If adding insurance, attach a signed copy of the insurance application
Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Authorized Signature: [Signature]

Print

Name: Jeffrey Desmond
233-APP99 MILLVSBK (12001)

Date: 3/5/03

Bank # 1559 Agent # 10534

Telephone: [REDACTED] Ext. _____

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separate
Spouse's Name _____

Street Address _____
City, State, ZIP _____

Card Issuance

☐ Order New Card for _____

Must mark below to indicate the type of card ordered

Send Card:

- ☐ Normal Delivery - 7 to 10 days
☐ Express Delivery - 2 days (\$10.00 charge)
☐ Saturday Delivery (Add \$10.00)
☐ Fastcard - 1 day (\$20.00 charge)
☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution
Address to Mail Card: _____

Name _____

Street Address _____

City, ST, ZIP _____

☐ Charge Cardholder Replacement Card Fee of \$ _____

PIN Issuance

- ☐ Order PIN Reminder
☐ PIN Federal Express - 3 days (\$10.00 charge)
Charge: ☐ Cardholder ☐ Financial Institution
☐ Send PIN to Alternate Address Below

Name _____

Street Address _____

City, State, ZIP _____

Balance / Payment Transfers

Transfer balance of \$ _____

From account # _____

To account # _____

Transfer payment of \$ _____

From account # _____

To account # _____

Convenience Checks

☐ Send Convenience Checks - # of books _____

Name _____

Street Address _____

City, State, ZIP _____

Print

Name:

233-APP99 MILLVSBK (12001)

Financial Institution Name:

Colonial Bank

Authorized Signature:

[Signature]

Jeffrey Desmond

Bank #

1559

Agent #

10534

Telephone:

Ext.

Metavante Corporation
Credit Card Services

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct #
Name Edwina Simmons
Business Name NES LLC

Account Record Changes

☒ Close Account

☐ Cards Returned ☒ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block
☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home ☐ Business
Name Change From: To:
☐ Address Change to
City, State, ZIP
☐ Add Cardholder
☐ Order Card ☐ Do Not Order Card
☐ Delete Cardholder
☐ Add Authorized User
☐ Order Card ☐ Do Not Order Card
☐ Delete Authorized User
☐ Add Credit Rating ☐ Delete Credit Rating
☐ Add Type Code ☐ Delete Type Code
☐ Add Automatic Payment Deduction
T/R# Checking Acct#
☐ Minimum payment ☐ Previous balance
☐ Delete Automatic Payment Deduction
☐ Add E-mail Address
☐ Add Mother's Maiden Name
☐ Add Secondary CH SS#
☐ Add Secondary CH DOB
☐ Add Secondary CH Daytime Phone
☐ Add Fax Number
☐ Add Cell Phone#
☐ Add Pager Number
☐ Privacy Option

Insurance

☐ Add Insurance ☐ Delete Insurance

** If adding insurance, attach a signed copy of the insurance application*

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Authorized Signature: Jeffrey Desmond

Print

Name: Jeffrey Desmond
233-6994 MHSbc (1/201)

Date: 3/5/03

Bank # Agent #

Telephone: Ext.

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separated
Spouse's Name

Street Address
City, State, ZIP

Card Issuance

☐ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days
☐ Express Delivery - 2 days (\$10.00 charge)
☐ Saturday Delivery (Add \$10.00)
☐ Fastcard - 1 day (\$20.00 charge)
☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution
Address to Mail Card:

Name

Street Address

City, ST, ZIP

☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder

☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Convenience Checks

☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Print
Name:

Jeffrey Desmond

233-6994 MHSbc (1/201)

EXCEPTION

CARD

USER NUMBER
1559

DATE

06-01-04

000

LISTINGS

ACCOUNT NUMBER

PREREISSUE

NAME AND ADDRESS

NICHOLAS/SIMMONDS

NES LLC

457 MADISON AVE FL 4

NEW YORK NY 10022-6843

HOME TELEPHONE BUSINESS TELEPHONE CURRENT PAYMENT

NO. CARDS ISSUED 1 EXPIRES 07/04

RELATED ACCOUNT NUMBER

AGENT CYCLE OFFICER TYPE

1534 169999 B V9

SIX MONTHS MONETARY HISTORY

PURCHASES CASH ADVANCES PAYMENTS CREDITS

NO AMOUNT NO AMOUNT NO AMOUNT

MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR

08-02 17371 04

PREVIOUS YEAR CURRENT YEAR

123 456 789 1011 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

Statement History

in 11/11/11

Statement Printed

Overlimit

Past due

31-60

61-90

91 +

Number of statements Since account opened

7

DATE

03/003

DATE

03/003

DATE

12/1402

DATE

080902

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Colonial Bank
320 Lakeview Avenue
West Palm Beach, FL 33401

Fax: [REDACTED]

facsimile transmittal

To: Felicia Fax: [REDACTED]

From: Jeff Desmond/Colonial Date: 6/17/2003

Re: Cards 2

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Bella
Jeffrey Epstein NES
LLC.
cc:

If you have any questions pleas

Corp. limit \$35,000

↓
Sarah Kellen \$10,000
Valdron Cotino \$5,000
Bruce Gordon 4,000
Karen Gordon 4,000
23,000-

11/14/03

CONFIDENTIAL

Metavante Corporation
Credit Card Services

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct #

Name

Shannon Purcuzz;

Business Name

Account Record Changes

☒ Close Account

☐ Cards Returned ☐ Cards Not Returned

☐ Re-Open Account ☐ Remove Reissue Block

☐ Add Soc. Sec. #:

☐ Add Telephone # ☐ Home

☐ Business

☐ Name Change From:

To:

☐ Address Change to

City, State, ZIP

☐ Add Cardholder

☐ Order Card ☐ Do Not Order Card

☐ Delete Cardholder

☐ Add Authorized User

☐ Order Card ☐ Do Not Order Card

☐ Delete Authorized User

☐ Add Credit Rating ☐ Delete Credit Rating

☐ Add Type Code ☐ Delete Type Code

☐ Add Automatic Payment Deduction

T/R#

Checking Acct#

☐ Minimum payment ☐ Previous balance

☐ Delete Automatic Payment Deduction

☐ Add E-mail Address

☐ Add Mother's Maiden

Name

☐ Add Secondary CH SS#

☐ Add Secondary CH DOB

☐ Add Secondary CH Daytime Phone

☐ Add Fax Number

☐ Add Cell Phone#

☐ Add Pager Number

☐ Privacy Option

Insurance

☐ Add Insurance

☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Authorized Signature: Jeffrey Desmond

Print

Name:

233-0994 MHSB (1/2011)

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separa

Spouse's Name

Street Address

City, State, ZIP

Card Issuance

☐ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days

☐ Express Delivery - 2 days (\$10.00 charge)

☐ Saturday Delivery (Add \$10.00)

☐ Fastcard - 1 day (\$20.00 charge)

☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card:

Name

Street Address

City, ST, ZIP

☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder

☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Convenience Checks

☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Financial Institution Name: Colonial Bank

Authorized Signature: Jeffrey Desmond

Print

Name:

233-0994 MHSB (1/2011)

Date: 8/6/03

Bank #

Agent #

Telephone:

Ext.

EXCEPTION
CARD

EXCEPTION CARD		TYPE CARD		ACCOUNT NUMBER		DATE		USER NUMBER	
NAME AND ADDRESS		PREREISSUE		06-01-04		000		1559	
EDWINA\SIMMONDS NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		BUSINESS TELEPHONE		000		000		LISTINGS	
HOME TELEPHONE		CURRENT PAYMENT		00M		000		000	
AUTHORIZED USERS		NO. CARDS ISSUED		07/04		000		000	
CURRENT BALANCE		CREDIT LINE		DISPUTE		TOTAL DUE		PAST DUE	
\$ 5000		\$ 5000		4060		\$ 00		\$ 00	
CREDIT AVAILABLE		OVERLIMIT		EXPIRATION DATE		PAST DUE		PAST DUE	
\$ 5000		01		08-02-17371		000		000	
Statement		PREVIOUS YEAR		CURRENT YEAR		PAST DUE HISTORY		PAST DUE HISTORY	
History		12114567891011121314151617181920		04		1-13 31-60 61-90 91-120 121-150 151+		1-13 31-60 61-90 91-120 121-150 151+	
Station		XXXXXXX		XXXXXX		1534 169999 B		1534 169999 B	
Printed		XXX		XXX		1534 169999 B		1534 169999 B	
Overlimit		XXX		XXX		1534 169999 B		1534 169999 B	
Pay Due		XXX		XXX		1534 169999 B		1534 169999 B	
1-18		XXX		XXX		1534 169999 B		1534 169999 B	
31-60		XXX		XXX		1534 169999 B		1534 169999 B	
61-90		XXX		XXX		1534 169999 B		1534 169999 B	
91 +		XXX		XXX		1534 169999 B		1534 169999 B	
Statement		PREVIOUS YEAR		CURRENT YEAR		PAST DUE HISTORY		PAST DUE HISTORY	
History		12114567891011121314151617181920		04		1-13 31-60 61-90 91-120 121-150 151+		1-13 31-60 61-90 91-120 121-150 151+	
Station		XXXXXXX		XXXXXX		1534 169999 B		1534 169999 B	
Printed		XXX		XXX		1534 169999 B		1534 169999 B	
Overlimit		XXX		XXX		1534 169999 B		1534 169999 B	
Pay Due		XXX		XXX		1534 169999 B		1534 169999 B	
1-18		XXX		XXX		1534 169999 B		1534 169999 B	
31-60		XXX		XXX		1534 169999 B		1534 169999 B	
61-90		XXX		XXX		1534 169999 B		1534 169999 B	
91 +		XXX		XXX		1534 169999 B		1534 169999 B	
Statement		PREVIOUS YEAR		CURRENT YEAR		PAST DUE HISTORY		PAST DUE HISTORY	
History		12114567891011121314151617181920		04		1-13 31-60 61-90 91-120 121-150 151+		1-13 31-60 61-90 91-120 121-150 151+	
Station		XXXXXXX		XXXXXX		1534 169999 B		1534 169999 B	
Printed		XXX		XXX		1534 169999 B		1534 169999 B	
Overlimit		XXX		XXX		1534 169999 B		1534 169999 B	
Pay Due		XXX		XXX		1534 169999 B		1534 169999 B	
1-18		XXX		XXX		1534 169999 B		1534 169999 B	
31-60		XXX		XXX		1534 169999 B		1534 169999 B	
61-90		XXX		XXX		1534 169999 B		1534 169999 B	
91 +		XXX		XXX		1534 169999 B		1534 169999 B	
Statement		PREVIOUS YEAR		CURRENT YEAR		PAST DUE HISTORY		PAST DUE HISTORY	
History		12114567891011121314151617181920		04		1-13 31-60 61-90 91-120 121-150 151+		1-13 31-60 61-90 91-120 121-150 151+	
Station		XXXXXXX		XXXXXX		1534 169999 B		1534 169999 B	
Printed		XXX		XXX		1534 169999 B		1534 169999 B	
Overlimit		XXX		XXX		1534 169999 B		1534 169999 B	
Pay Due		XXX		XXX		1534 169999 B		1534 169999 B	
1-18		XXX		XXX		1534 169999 B		1534 169999 B	
31-60		XXX		XXX		1534 169999 B		1534 169999 B	
61-90		XXX		XXX		1534 169999 B		1534 169999 B	
91 +		XXX		XXX		1534 169999 B		1534 169999 B	
Statement		PREVIOUS YEAR		CURRENT YEAR		PAST DUE HISTORY		PAST DUE HISTORY	
History		12114567891011121314151617181920		04		1-13 31-60 61-90 91-120 121-150 151+		1-13 31-60 61-90 91-120 121-150 151+	
Station		XXXXXXX		XXXXXX		1534 169999 B		1534 169999 B	
Printed		XXX</							

Attn: Dell (Thanks!)

A/P Tracking Number:

Metavante Corporation
Credit Card Services

CREDIT CARD COLLECTIONS
AND MONETARY CHANGES

Account Number: [REDACTED]

Name: Andre Mitrovich

Street Address 457 Madison Ave Fly

City New York NY State NY ZIP 10022

Business Name: NYS LLC

Collections

- ☐ Restrict Account - R9
☐ Close Account - V9
☐ Delete Cardholder
☐ Zero Cards to Reissue
☐ List on Exception File
☐ Restrict on ATM Access
☐ Stop Interest
☐ Stop Late Charge
☐ Stop Statements
☐ Stop Overlimit / Past Due Notices
☐ Minimum Payment Due This Cycle \$
☐ Fix Payment \$
☐ Re-Age account
☐ Erase Past Due Status ☐ 1-30 # times ☐ 31-60 # times ☐ 61-90 # times ☐ 91-120 # times ☐ Erase All
☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 7,000.
☐ Limit Decrease to \$
☐ Change Corporate Account Limit to \$
☐ Reverse Finance Charge of \$
☐ Reverse Late Charge Fee of \$
☐ Reverse Over Limit fee of \$
☐ Reverse Insurance Fee of \$
☐ Reverse Current Membership Fee
☐ Waive Membership Fee Permanently
☐ Reverse Replacement Card Fee \$
☐ Reverse Convenience Fee \$
☐ Reverse NSF Fee \$
☐ Reverse Insurance Premium Fee \$
☐ Reverse Returned Check Fee \$

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Authorized Signature: [Signature]

Print

Name: Jeffrey Desmond

Bank #

Agent #

Telephone #

Ext.

For Metavante Use Only

Completed by

Verification

Date

Date

233-099b MTDsbe (12/01)

Fax R9 requests to Collections, [REDACTED]; others to Account Processing, [REDACTED]

CARD		TYPE CARD		ACCOUNT NUMBER		DATE		USER NUMBER	
PREISSUE						03-01-04		1559	
NAME AND ADDRESS		TOTAL DUE		PAST DUE		NO. OF DAYS PAST DUE		LISTINGS	

EFTA00186555

Metavante Corporation
Credit Card Services

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct #

Name

Business Name

Andrea Mitrovich

NES LLC

Account Record Changes

☒ Close Account

☐ Cards Returned ☒ Cards Not Returned

☐ Re-Open Account ☐ Remove Reissue Block

☐ Add Soc. Sec. #:

☐ Add Telephone #

☐ Home

☐ Business

☐ Name Change

From:

To:

☐ Address Change to

City, State, ZIP

☐ Add Cardholder

☐ Order Card

☐ Do Not Order Card

☐ Delete Cardholder

☐ Add Authorized User

☐ Order Card

☐ Do Not Order Card

☐ Delete Authorized User

☐ Add Credit Rating

☐ Delete Credit Rating

☐ Add Type Code

☐ Delete Type Code

☐ Add Automatic Payment Deduction

T/R#

Checking Acct#

☐ Minimum payment

☐ Previous balance

☐ Delete Automatic Payment Deduction

☐ Add E-mail Address

☐ Add Mother's Maiden

Name

☐ Add Secondary CH SS#

☐ Add Secondary CH DOB

☐ Add Secondary CH Daytime Phone

☐ Add Fax Number

☐ Add Cell Phone#

☐ Add Pager Number

☐ Privacy Option

Insurance

☐ Add Insurance

☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Financial Institution Name:

Colonial Bank

Authorized Signature:

Jeffrey Desmond

Print

Name:

Jeffrey Desmond

233-UPPER MIDDLE (12/01)

For Marital Property States Only

☐ Married

☐ Not Married

☐ Legally Separated

Spouse's Name

Street Address

City, State, ZIP

Card Issuance

☐ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days

☐ Express Delivery - 2 days (\$10.00 charge)

☐ Saturday Delivery (Add \$10.00)

☐ Fastcard - 1 day (\$20.00 charge)

☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card:

Name

Street Address

City, ST, ZIP

☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder

☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Convenience Checks

☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Date:

3/15/04

Bank #

1559

Agent #

0534

Telephone:

Ext.

Metavante Corporation
Credit Card ServicesCOMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NCS LLC Company Number [REDACTED]

Change Request For:

☐ Corporate Account #

☒ Individual Account # [REDACTED] Individual Account Name Michael D Friedman

☐ Control Account # _____ Control Account Name _____

☐ Address Change ☐ Company ☐ Individual

☐ Name Change From: _____ To: _____

☐ Add/Change Phone Number

☐ Corporate Limit Increase to \$ _____

☐ Control Account Limit Increase to \$ _____

☐ Individual Limit Increase to \$ _____

☐ Reverse Finance Charge of \$ _____

☐ Reverse Late Charge Fee of \$ _____

☐ Reverse Current Membership Fee

☐ Add Home Banking ☐ Delete Home Banking

☐ Add Credit Rating

☐ Add Automatic Payment Deduction ☐ Minimum Payment ☐ Previous Balance

☐ T/R# _____ Checking Acct# _____

☐ Order PIN ☐ Change ATM Access-Cash Advance Only _____ %

☐ Waive Membership Fee One Year ☐ Waive Membership Fee Permanently

☐ Charge Cardholder Replacement Card Fee of \$ _____

☐ Order New Card for _____

☐ Send Card ☐ Normal Delivery - 7-10 days

☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

☐ Express Delivery - 2 days \$10

☐ Saturday Delivery Add \$10

☐ Charge Cardholder

☐ Charge Financial Institution

☐ Add Account R9 Rating ☐ Remove R9 Rating

☐ List on Exception File

☐ Zero Cards to Reissue

☐ Stop Interest

☐ Re-Age Account

☐ Erase Past Due Status

☐ # Times 1-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ Erase All ☐

☐ MRO Reissue

☐ Re-Open Account

☒ Close Account

Free Text/Miscellaneous Instruction: _____

☐ Fix Payment - Date to Start Fix Payment _____

Please attach additional documentation for the following options:

Add MCC _____ Add Level _____ Add Group _____

Reassign Cardholder to another level/group _____ Change Report Options _____ Add or Delete Cash/Purchase Table _____

Financial Institution Name: Colonial Bank Agent #: [REDACTED] Bank #: [REDACTED]

Authorized Signature: [Signature] Date: 4/30/04

FOR METAVANTE USE ONLY

Account _____ Code _____

Name Line 1 _____ Date _____

Keyed by _____ Verified by _____ CSC DOC # _____

Code: Date: Keyed by: **Metavante Corporation**
Credit Card Services

COMMERCIAL CARD PRODUCTS – INDIVIDUAL ACCOUNT INFORMATION

Please indicate Commercial Card Product type:

☐ VISA
☒ Business

☐ MasterCard
☐ Corporate

☐ Purchasing

Company Number:

Corporate Account:

Company Name: NES LLC

SECTION I – AUTHORIZED USERS

Name <u>Branakmana L. Mellawa</u>	Credit Line <u>3,000</u>	Cash Advance Capability "D" or % of Limit ☒ Pin Y/N <u> </u> <u> </u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Mothers Maiden Name (Optional)	Social Security Number <u> </u>	Home telephone # (Optional)	Account Number (Metavante Use)					
Cardholder billing address <u>457 Madison Ave, Fourth Floor</u>	City <u>New York</u>	State <u>NY</u>	ZIP Code <u>10022</u>					

Special Handling Instructions: ☐ Federal Express
Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit ☒ Pin Y/N <u> </u> <u> </u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number (Metavante Use)					
Cardholder billing address	City	State	ZIP Code					

Special Handling Instructions: ☐ Federal Express
Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit ☒ Pin Y/N <u> </u> <u> </u>	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	General Ledger # Assigned *	Taxable Y/N *	MEA Y/N *
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number (Metavante Use)					
Cardholder billing address	City	State	ZIP Code					

Special Handling Instructions: ☐ Federal Express
Plastic address if different from Cardholder billing address:

☒ Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)

* Visa Purchasing Card Options

Financial Institution Name:

Authorized Signature: [Signature]

Agent # 1534

Date: 4/30/04

Bank # 1559

Metavante Corporation
[REDACTED]

Fax

Date:	07-05-04	Pages:	2
To:	Jeffrey Desmond	From:	Marci Wanninger
	COLONIAL BANK		Metavante Corporation
Fax:	[REDACTED]	Senders Fax:	[REDACTED]
Phone:		Senders Phone:	[REDACTED]

Comments:

Please see the following page(s) for information regarding a possible compromise of account numbers for your financial institution.

Please contact me if you have any questions.

The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient, nor the employee or the agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of action in reliance on the contents of the telefaxed information is strictly prohibited. If you have received this telefax in error, please notify us by telephone to arrange for the return of the original document to us.

Metavante Corporation
Credit Card ServicesCREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PIN

Acct #
 Name
 Business Name NCS LLC

Account Record Changes

☒ Close Account

☐ Cards Returned ☐ Cards Not Returned
☐ Re-Open Account ☐ Remove Reissue Block

☐ Add Soc. Sec. #:
☐ Add Telephone # ☐ Home ☐ Business

☐ Name Change From:
 To:

☐ Address Change to
 City, State, ZIP

☐ Add Cardholder ☐ Do Not Order Card
☐ Order Card ☐ Delete Cardholder

☐ Add Authorized User ☐ Do Not Order Card
☐ Order Card ☐ Delete Authorized User

☐ Add Credit Rating ☐ Delete Credit Rating
☐ Add Type Code ☐ Delete Type Code

☐ Add Automatic Payment Deduction

T/R# Checking Acct#

☐ Minimum payment ☐ Previous balance

☐ Delete Automatic Payment Deduction

☐ Add E-mail Address

☐ Add Mother's Maiden Name

☐ Add Secondary CH SS#

☐ Add Secondary CH DOB

☐ Add Secondary CH Daytime Phone

☐ Add Fax Number

☐ Add Cell Phone#

☐ Add Pager Number

☐ Privacy Option

Insurance

☐ Add Insurance ☐ Delete Insurance

• If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Card was possibly compromised. Please block
account and issue new card

Financial Institution Name: Colonial Bank

Authorized Signature: Jeffrey Desmond

Print

Name: Jeffrey Desmond
 233-4994 MINSIC (1201)

Date: 7/6/04

Bank # Agent #

Telephone: Ext.

For Marital Property States Only

☐ Married ☐ Not Married ☐ Legally Separate

Spouse's Name

Street Address

City, State, ZIP

Card Issuance

☒ Order New Card for

Must mark below to indicate the type of card ordered

Send Card:

☐ Normal Delivery - 7 to 10 days

☒ Express Delivery - 2 days (\$10.00 charge)

☐ Saturday Delivery (Add \$10.00)

☐ Fastcard - 1 day (\$20.00 charge)

☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☒ Financial Institution

Address to Mail Card:

Name NCS, LLC

Street Address 457 Madison Ave 4th FL

City, ST, ZIP New York, N.Y. 10022

☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

☐ Order PIN Reminder

☐ PIN Federal Express - 3 days (\$10.00 charge)

Charge: ☐ Cardholder ☐ Financial Institution

☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Convenience Checks

☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Print

Name: Jeffrey Desmond

233-4994 MINSIC (1201)

Colonial Bank

Authorized Signature: Jeffrey Desmond

Name: Jeffrey Desmond
 233-4994 MINSIC (1201)

Date: 7/6/04

Bank # Agent #

Telephone: Ext.

MEMORY TRANSMISSION REPORT

TIME : JUL-06-2004 02:30PM
 TEL NUMBER :
 NAME :

FILE NUMBER : 211
 DATE : JUL-06 02:29PM
 TO :
 DOCUMENT PAGES : 001
 START TIME : JUL-06 02:29PM
 END TIME : JUL-06 02:30PM
 SENT PAGES : 001
 STATUS : OK

FILE NUMBER : 211 *** SUCCESSFUL TX NOTICE ***

Metavante Corporation Credit Card Services		CREDIT CARD ACCOUNT MAINTENANCE Account Record, Card, PIN	
Agent # <u> </u> Name <u> </u> Business Name <u>WCS LLC</u> Account Record Changes ☒ Close Account ☐ Cards Returned ☐ Cards Not Returned ☐ Re-Open Account ☐ Remove Reissue Block ☐ Add Soc. Sec. # ☐ Add Telephone # ☐ Home ☐ Business ☐ Name Change From: <u> </u> To: <u> </u> ☐ Address Change to City, State, Zip <u> </u> ☐ Add Cardholder ☐ Order Card ☐ Do Not Order Card ☐ Delete Cardholder ☐ Authorized User ☐ Do Not Order Card ☐ Add Authorized User ☐ Delete Authorized User ☐ Add Credit Rating ☐ Delete Credit Rating ☐ Add Type Code ☐ Delete Type Code ☐ Add Automatic Payment Deduction ☐ Checking Acct# <u> </u> ☐ Minimum payment ☐ Previous balance ☐ Delete Automatic Payment Deduction ☐ Add E-mail Address <u> </u> ☐ Add Mother's Maiden Name <u> </u> ☐ Add Secondary CH SS# <u> </u> ☐ Add Secondary CH DOB <u> </u> ☐ Add Secondary CH Daytime Phone <u> </u> ☐ Add Fax Number <u> </u> ☐ Add Cell Phone# <u> </u> ☐ Add Pager Number <u> </u> ☐ Privacy Option <u> </u>		For Marital Property States Only ☐ Married ☐ Not Married ☐ Legally Separate Spouse's Name <u> </u> Street Address <u> </u> City, State, Zip <u> </u> Card Issuance ☒ Order New Card for <u> </u> (Print mark below to indicate the type of card order) Send Card: ☒ Normal Delivery - 7 to 10 days ☐ Express Delivery - 2 days (\$10.00 charge) ☐ Saturday Delivery (Add \$10.00) ☐ Fastcard - 1 day (\$20.00 charge) ☐ Saturday Delivery (Add \$10.00) Charge: ☐ Cardholder ☒ Financial Institution Address: <u> </u> Name <u>WCS LLC</u> Street Address <u>4570 CHESAIRE AVE WY 8 FL</u> City, ST, Zip <u>NEW YORK NY 10032</u> ☐ Charge Cardholder Replacement Card Fee of \$ <u> </u> PIN Issuance ☐ Order PIN Reminder ☐ PIN Federal Express - 3 days (\$10.00 charge) Charge: ☐ Cardholder ☐ Financial Institution ☐ Send PIN to Alternate Address Below Name <u> </u> Street Address <u> </u> City, State, Zip <u> </u>	
Balance / Payment Transfers Transfer balance of \$ <u> </u> From account # <u> </u> To account # <u> </u> Transfer payment of \$ <u> </u> From account # <u> </u> To account # <u> </u>		Convenience Checks ☐ Send Convenience Checks - # of books <u> </u> Name <u> </u> Street Address <u> </u> City, State, Zip <u> </u>	
Financial Institution Name: <u>Jeffrey Diamond</u> Authorized Signature: <u>Jeffrey Diamond</u> Print Name: <u>Jeffrey Diamond</u> Signature: <u>Jeffrey Diamond</u>		Bank # <u> </u> Date: <u> </u> Agent # <u> </u> Telephone: <u> </u> Ext. <u> </u>	

A/P Tracking Number:

Metavante Corporation
Credit Card Services

**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account Number: [REDACTED]

Name: Luciano Fontenille

Street Address 457 Madison Ave, FL 4

City New York

State NY

ZIP 10022

Business Name: NES LLC

Collections

- ☒ Restrict Account - R9
- ☐ Close Account - V9
- ☐ Delete Cardholder _____
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$ _____
- ☐ Fix Payment \$ _____
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times _____
☐ 31-60 # times _____ ☐ 61-90 # times _____
☐ 91-120 # times _____ ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 3,000
- ☐ Limit Decrease to \$ _____
- ☐ Change Corporate Account Limit to \$ _____
- ☐ Reverse Finance Charge of \$ _____
- ☐ Reverse Late Charge Fee of \$ _____
- ☐ Reverse Over Limit fee of \$ _____
- ☐ Reverse Insurance Fee of \$ _____
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$ _____
- ☐ Reverse Convenience Fee \$ _____
- ☐ Reverse NSF Fee \$ _____
- ☐ Reverse Insurance Premium Fee \$ _____
- ☐ Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

MEMORY TRANSMISSION REPORT

TIME : DEC-20-2004 05:24PM
TEL NUMBER :
NAME :

FILE NUMBER 703
DATE DEC-20 05:20PM
TO [REDACTED]
DOCUMENT PAGES 001
START TIME DEC-20 05:20PM
END TIME DEC-20 05:24PM
SENT PAGES 001
STATUS OK

FILE NUMBER : 703

*** SUCCESSFUL TX NOTICE ***

A/P Tracking Number:

Metavante Corporation
Credit Card Services

CREDIT CARD COLLECTIONS AND MONETARY CHANGES

Account Number:

Name:

Street Address 457 Madison Ave, FL 4

City New York

State NY

ZIP

10022

Business Name:

NYS LLC

Collections

- ☐ Restrict Account - R9
- ☐ Close Account - V9
- ☐ Delete Cardholder
- ☐ Zero Cards to Reissue
- ☐ List on Exception File
- ☐ Restrict on ATM Access
- ☐ Stop Interest
- ☐ Stop Late Charge
- ☐ Stop Statements
- ☐ Stop Overlimit / Past Due Notices
- ☐ Minimum Payment Due This Cycle \$
- ☐ Fix Payment \$
- ☐ Re-Age account
- ☐ Erase Past Due Status ☐ 1-30 # times ☐ 31-60 # times ☐ 61-90 # times ☐ 91-120 # times ☐ Erase All
- ☐ Remove R9 Restrictions

Monetary Changes

- ☒ Limit Increase to \$ 3,000
- ☐ Limit Decrease to \$
- ☐ Change Corporate Account Limit to \$
- ☐ Reverse Finance Charge of \$
- ☐ Reverse Late Charge Fee of \$
- ☐ Reverse Over Limit fee of \$
- ☐ Reverse Insurance Fee of \$
- ☐ Reverse Current Membership Fee
- ☐ Waive Membership Fee Permanently
- ☐ Reverse Replacement Card Fee \$
- ☐ Reverse Convenience Fee \$
- ☐ Reverse NSF Fee \$
- ☐ Reverse Insurance Premium Fee \$
- ☐ Reverse Returned Check Fee \$

Free Text Messages/Miscellaneous Instructions

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

AK Tracking Number:

Company Name NES LLC Company Number _____
Change Request For: _____
☐ Corporate Account # _____ Individual Account Name _____
☐ Individual Account # _____ Control Account Name _____
☐ Control Account # _____

☐ Address Change ☐ Company _____
☐ Name Change ☐ Individual _____
From: _____
To: _____
☐ Add/Change Phone Number _____
☒ Corporate Limit Increase to \$ 40,000 ☐ Corporate Limit Decrease to \$ _____
☐ Control Account Limit Increase to \$ _____ ☐ Control Account Limit Decrease to \$ _____
☐ Individual Limit Increase to \$ _____ ☐ Individual Limit Decrease to \$ _____
☐ Reverse Finance Charge of \$ _____ ☐ Reverse Over Limit Fee of \$ _____
☐ Reverse Late Charge Fee of \$ _____ ☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee _____
☐ Add Home Banking ☐ Delete Home Banking _____
☐ Add Credit Rating _____
☐ Add Automatic Payment Deduction ☐ Minimum Payment _____ ☐ Previous Balance _____
T/R# _____ Checking Acct# _____
☐ Order PIN ☐ Change ATM Access-Cash Advance Only _____ %
☐ Waive Membership Fee One Year ☐ Waive Membership Fee Permanently _____
☐ Charge Cardholder Replacement Card Fee of \$ _____
☐ Order New Card for _____
Send Card ☐ Normal Delivery - 7-10 days _____
☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST) _____
☐ Express Delivery - 2 days \$10 _____ Address to Mail Card: _____
☐ Saturday Delivery Add \$10 _____
☐ Charge Cardholder _____
☐ Charge Financial Institution _____
☐ Add Account R9 Rating ☐ Remove R9 Rating _____
☐ List on Exception File _____
☐ Zero Cards to Reissue _____
☐ Stop Interest ☐ Fix Payment - Date to Start Fix Payment _____
☐ Re-Age Account _____
☐ Erase Past Due Status _____
Times 1-30 ☐ _____ 31-60 ☐ _____ 61-90 ☐ _____ 91-120 ☐ _____ Erase All ☐ _____
☐ MRO Reissue _____
☐ Re-Open Account _____
☐ Close Account _____
Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:

Add MCC

Add MEA

Add Level

Add Group

EFTA00186564

Metavante Corporation
Credit Card Services

A/P Tracking Number:
COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NES, LLC Company Number [REDACTED]
Change Request For:
☒ Corporate Account # [REDACTED]
☐ Individual Account # _____ Individual Account Name _____
☐ Control Account # _____ Control Account Name _____

☐ Address Change ☐ Company _____
☐ Name Change ☐ Individual _____
From: _____
To: _____
☐ Add/Change Phone Number _____
☒ Corporate Limit Increase to \$ 45,000 ☐ Corporate Limit Decrease to \$ _____
☐ Control Account Limit Increase to \$ _____ ☐ Control Account Limit Decrease to \$ _____
☐ Individual Limit Increase to \$ _____ ☐ Individual Limit Decrease to \$ _____
☐ Reverse Finance Charge of \$ _____ ☐ Reverse Over Limit Fee of \$ _____
☐ Reverse Late Charge Fee of \$ _____ ☐ Reverse Insurance Fee of \$ _____
☐ Reverse Current Membership Fee _____
☐ Add Home Banking ☐ Delete Home Banking _____
☐ Add Credit Rating _____
☐ Add Automatic Payment Deduction ☐ Minimum Payment _____ ☐ Previous Balance _____
T/R# _____ Checking Acct# _____
☐ Order PIN ☐ Change ATM Access-Cash Advance Only _____ %
☐ Waive Membership Fee One Year ☐ Waive Membership Fee Permanently _____
☐ Charge Cardholder Replacement Card Fee of \$ _____
☐ Order New Card for _____
Send Card ☐ Normal Delivery - 7-10 days
☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)
☐ Express Delivery - 2 days \$10 Address to Mail Card: _____
☐ Saturday Delivery Add \$10
☐ Charge Cardholder _____
☐ Charge Financial Institution _____
☐ Add Account R9 Rating ☐ Remove R9 Rating _____
☐ List on Exception File
☐ Zero Cards to Reissue
☐ Stop Interest ☐ Fix Payment - Date to Start Fix Payment _____
☐ Re-Age Account
☐ Erase Past Due Status
Times 1-30 ☐ _____ 31-60 ☐ _____ 61-90 ☐ _____ 91-120 ☐ _____ Erase All ☐ _____
☐ MRO Reissue
☐ Re-Open Account
☐ Close Account
Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:

Add MCC

Add MFA

Add Level

Add Card

EFTA00186565

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NES LLC Company Number [REDACTED]

Change Request For:

☐ Corporate Account # [REDACTED]

☒ Individual Account # [REDACTED] Individual Account Name Brangkman Mella

☐ Control Account # [REDACTED] Control Account Name [REDACTED]

☐ Address Change ☐ Company [REDACTED]

☐ Name Change ☐ Individual [REDACTED]

From: [REDACTED]

To: [REDACTED]

☐ Add/Change Phone Number [REDACTED]

☐ Corporate Limit Increase to \$ [REDACTED] ☐ Corporate Limit Decrease to \$ [REDACTED]

☐ Control Account Limit Increase to \$ [REDACTED] ☐ Control Account Limit Decrease to \$ [REDACTED]

☐ Individual Limit Increase to \$ [REDACTED] ☐ Individual Limit Decrease to \$ [REDACTED]

☐ Reverse Finance Charge of \$ [REDACTED] ☐ Reverse Over Limit Fee of \$ [REDACTED]

☐ Reverse Late Charge Fee of \$ [REDACTED] ☐ Reverse Insurance Fee of \$ [REDACTED]

☐ Reverse Current Membership Fee [REDACTED]

☐ Add Home Banking ☐ Delete Home Banking [REDACTED]

☐ Add Credit Rating [REDACTED]

☐ Add Automatic Payment Deduction ☐ Minimum Payment [REDACTED] ☐ Previous Balance [REDACTED]

T/R# [REDACTED] Checking Acct# [REDACTED]

☐ Order PIN ☐ Change ATM Access-Cash Advance Only [REDACTED] %

☐ Waive Membership Fee One Year ☐ Waive Membership Fee Permanently [REDACTED]

☐ Charge Cardholder Replacement Card Fee of \$ [REDACTED]

☐ Order New Card for [REDACTED]

Send Card ☐ Normal Delivery - 7-10 days

☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

☐ Express Delivery - 2 days \$10 Address to Mail Card: [REDACTED]

☐ Saturday Delivery Add \$10 [REDACTED]

☐ Charge Cardholder [REDACTED]

☐ Charge Financial Institution [REDACTED]

☐ Add Account R9 Rating ☐ Remove R9 Rating [REDACTED]

☐ List on Exception File [REDACTED]

☐ Zero Cards to Reissue [REDACTED]

☐ Stop Interest ☐ Fix Payment - Date to Start Fix Payment [REDACTED]

☐ Re-Age Account [REDACTED]

☐ Erase Past Due Status

Times 1-30 ☐ [REDACTED] 31-60 ☐ [REDACTED] 61-90 ☐ [REDACTED] 91-120 ☐ [REDACTED] Erase All ☐ [REDACTED]

☐ MRO Reissue [REDACTED]

☐ Re-Open Account [REDACTED]

☒ Close Account [REDACTED]

Free Text/Miscellaneous Instruction: [REDACTED]

Please attach additional documentation for the following options:

Add MCC

Add MFA

Add Level

Add Group

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NYS, LLC Company Number [REDACTED]
Change Request For:
☐ Corporate Account #
☒ Individual Account # [REDACTED] Individual Account Name Alfredo Rodriguez
☐ Control Account # _____ Control Account Name _____

☐ Address Change	☐ Company	_____
☐ Name Change	☐ Individual	_____
	From: _____	
	To: _____	
☐ Add/Change Phone Number		_____
☐ Corporate Limit Increase to \$ _____	☐ Corporate Limit Decrease to \$ _____	
☐ Control Account Limit Increase to \$ _____	☐ Control Account Limit Decrease to \$ _____	
☐ Individual Limit Increase to \$ _____	☐ Individual Limit Decrease to \$ _____	
☐ Reverse Finance Charge of \$ _____	☐ Reverse Over Limit Fee of \$ _____	
☐ Reverse Late Charge Fee of \$ _____	☐ Reverse Insurance Fee of \$ _____	
☐ Reverse Current Membership Fee		
☐ Add Home Banking	☐ Delete Home Banking	
☐ Add Credit Rating _____		
☐ Add Automatic Payment Deduction	☐ Minimum Payment	☐ Previous Balance
T/R# _____	Checking Acct# _____	
☐ Order PIN	☐ Change ATM Access-Cash Advance Only _____ %	
☐ Waive Membership Fee One Year	☐ Waive Membership Fee Permanently	
☐ Charge Cardholder Replacement Card Fee of \$ _____		
☐ Order New Card for _____		
Send Card	☐ Normal Delivery - 7-10 days	
	☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)	
	☐ Express Delivery - 2 days \$10	
	☐ Saturday Delivery Add \$10	Address to Mail Card: _____
	☐ Charge Cardholder	_____
	☐ Charge Financial Institution	_____
☐ Add Account R9 Rating	☐ Remove R9 Rating	
☐ List on Exception File		
☐ Zero Cards to Reissue		
☐ Stop Interest	☐ Fix Payment - Date to Start Fix Payment _____	
☐ Re-Age Account		
☐ Erase Past Due Status		
# Times 1-30 ☐ _____ 31-60 ☐ _____ 61-90 ☐ _____ 91-120 ☐ _____ Erase All ☐ _____		
☐ MRO Reissue		
☐ Re-Open Account		
☒ Close Account		
Free Text/Miscellaneous Instruction: _____		

Please attach additional documentation for the following options:

Add MCC

Add MEA

Add Level

Add Group

MEMORY TRANSMISSION REPORT

TIME : FEB-08-2005 03:58PM
TEL NUMBER :
NAME :

FILE NUMBER : 899
DATE : FEB-08 03:57PM
TO : [REDACTED]
DOCUMENT PAGES : 003
START TIME : FEB-08 03:57PM
END TIME : FEB-08 03:58PM
SENT PAGES : 003
STATUS : OK
FILE NUMBER : 899

*** SUCCESSFUL TX NOTICE ***

facsimile transmittal

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: 561-616-4065
Fax: 561-616-4092

To: Metavante Fax: [REDACTED]
From: Jeff Desmond/Colonial Bank Date: 2/8/2005
Re: Card Request 3
CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Greetings,

Please contact me if you have any questions. Thank you.

Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: 561-616-4065
Fax: 561-616-4092

EFTA00186568

Metavante Corporation
Credit Card Services

A/P Tracking Number:

CREDIT CARD ACCOUNT MAINTENANCE
Account Record, Card, PIN

Acct #

Name

Business Name NES, LLC

Account Record Changes

- ☐ Close Account
- ☐ Cards Returned ☐ Cards Not Returned
- ☐ Re-Open Account ☐ Remove Reissue Block
- ☐ Add Soc. Sec. #:
- ☐ Add Telephone # ☐ Home ☐ Business
- ☐ Name Change From: To:
- ☐ Address Change to City, State, ZIP
- ☐ Add Cardholder ☐ Order Card ☐ Do Not Order Card
- ☐ Delete Cardholder
- ☐ Add Authorized User ☐ Order Card ☐ Do Not Order Card
- ☐ Delete Authorized User
- ☐ Add Credit Rating ☐ Delete Credit Rating
- ☐ Add Type Code ☐ Delete Type Code
- ☐ Add Automatic Payment Deduction
- T/R# Checking Acct#
- ☐ Minimum payment ☐ Previous balance
- ☐ Delete Automatic Payment Deduction
- ☐ Add E-mail Address
- ☐ Add Mother's Maiden Name
- ☐ Add Secondary CH SS#
- ☐ Add Secondary CH DOB
- ☐ Add Secondary CH Daytime Phone
- ☐ Add Fax Number
- ☐ Add Cell Phone#
- ☐ Add Pager Number
- ☐ Privacy Option

For Marital Property States Only

- ☐ Married ☐ Not Married ☐ Legally Separated
- Spouse's Name
- Street Address
- City, State, ZIP

Card Issuance

- ☐ Order New Card for
- Must mark below to indicate the type of card ordered*
- Send Card:

- ☐ Normal Delivery - 7 to 10 days
- ☐ Express Delivery - 2 days (\$10.00 charge)
- ☐ Saturday Delivery (Add \$10.00)
- ☐ Fastcard - 1 day (\$20.00 charge)
- ☐ Saturday Delivery (Add \$10.00)

Charge: ☐ Cardholder ☐ Financial Institution

Address to Mail Card:

Name

Street Address

City, ST, ZIP

☐ Charge Cardholder Replacement Card Fee of \$

PIN Issuance

- ☐ Order PIN Reminder
- ☐ PIN Federal Express - 3 days (\$10.00 charge)
- Charge: ☐ Cardholder ☐ Financial Institution
- ☐ Send PIN to Alternate Address Below

Name

Street Address

City, State, ZIP

Balance / Payment Transfers

Transfer balance of \$

From account #

To account #

Transfer payment of \$

From account #

To account #

Insurance

- ☐ Add Insurance ☐ Delete Insurance

* If adding insurance, attach a signed copy of the insurance application

Free Text Messages/Miscellaneous Instructions

Officer Code 001

Convenience Checks

- ☐ Send Convenience Checks - # of books

Name

Street Address

City, State, ZIP

Financial Institution Name:

Date: 7-23-01

Authorized Signature: Ann Lufft

Bank # Agent #

Print Name: Ann Lufft

Telephone: Ext.

233-0993 MIDSoc (12/01)

Fax to Account Processing,

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Fax: [REDACTED]

facsimile transmittal

To: **Bella**

Fax: [REDACTED]

From: **Jeff Desmond/Colonial Bank** Date: **10/22/2004**

Re: **Statement** **6**

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Bella,

Here is a copy of your most recent statement. The balance on the statement is \$13,940.04. The other amount I gave you, \$19,445.08, is the balance as of today. Please let me know if you have any questions or need further assistance. Thank you.

Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: [REDACTED]
Fax: [REDACTED]

PO BOX 1111
MADISON WI 53701-1111

COLONIAL BANK
CREDIT CARD PROCESSING CENTER
PO BOX 3052
MILWAUKEE WI 53201-3052

NES LLC
CORPORATE ACCOUNT
457 MADISON AVE FL 4
NEW YORK NY 10022-6843

COLONIAL BANK

ACCOUNT NUMBER [REDACTED]
PAYMENT DUE DATE 11-12-04
AMOUNT DUE \$897.00
CURRENT BALANCE \$13,940.04

AMOUNT ENCLOSED

\$

M00012

PLEASE MAKE CHECK PAYABLE
TO BANKCARD SERVICES

Please tear payment coupon at perforation.

CORPORATE ACCOUNT SUMMARY						
NES LLC 4470 1153 4000 5213	Previous Balance	Purchases + And Other Debits	Cash + Advances	Finance Charges	Credits - Payments	New Balance
Company Total	\$11,789.64	\$14,308.35	\$0.00	\$0.00	\$368.31 \$11,789.64	\$13,940.04

CARDHOLDER NEW ACTIVITY SUMMARY			
COTRIN VALDSON	Credits	Purchases And Other Debits	Cash Advances
Credit Limit \$5,000	\$0.00	\$1,198.40	\$0.00
Credit Limit \$10,000	\$368.31	\$5,883.61	\$0.00
GORDON KAREN L			
Credit Limit \$4,000	\$0.00	\$1,628.13	\$0.00
GORDON BRICE M			
Credit Limit \$4,000	\$0.00	\$3,350.95	\$0.00
RODRIGUEZ ALFRE			
Credit Limit \$2,500	\$0.00	\$1,942.56	\$0.00
RUEDA JOSEPH			
Credit Limit \$1,000	\$0.00	\$46.49	\$0.00

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,940.04
Available Credit	\$21,080		
NES LLC			
4470 1153 4000 5213			

CARDHOLDER NEW ACTIVITY SUMMARY				
FONTANILLA LUCI				
Credit Limit \$1,000		\$0.00	\$258.21	\$0.00
				\$258.21

CORPORATE ACCOUNT ACTIVITY				
NES LLC				
				TOTAL CORPORATE ACTIVITY
				\$11,788.84 CR
Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-01	10-01	74470904275000000100850	PAYMENT RECEIVED - THANK YOU	11,788.84 PY

CARDHOLDER ACTIVITY				
VALDSON COTRIN				
4470-1153-4000-5601				
		CREDITS	PURCHASES	CASH ADV
		\$0.00	\$1,198.40	\$0.00
				TOTAL ACTIVITY
				\$1,198.40
Post Date	Tran Date	Reference Number	Transaction Description	Amount
09-17	09-17	74973004263426235458095	FRANPRIX DURET 3818219 7SPARIS	46.11
09-24	09-24	74972884268378002418088	(FOREIGN CURRENCY) \$37.39 EUR 09/19 (RATE) 0.8109	337.78
09-30	09-28	74533824275942746564348	CARREFOUR AUTEUI2581798 PARIS	86.36
10-01	10-01	74973004277427640107728	(FOREIGN CURRENCY) \$272.05 EUR 09/27 (RATE) 0.8054	61.20
10-01	09-28	74974004274388649132572	SHELL FOCH 18206 7SPARIS 16	72.69
10-04	10-02	74972884276371615353370	(FOREIGN CURRENCY) \$68.72 EUR 10/01 (RATE) 0.7957	43.86
10-04	10-02	74972884276371615353370	PONCELET PRIMEUR3021907 7SPARIS	550.40
			(FOREIGN CURRENCY) \$48.83 EUR 10/03 (RATE) 0.7978	
			NESPRESSO FR 4233949 PARIS 17	
			(FOREIGN CURRENCY) \$58.00 EUR 10/02 (RATE) 0.7979	
			CARREFOUR AUTEUI2581798 PARIS	
			CARREFOUR AUTEUI2581798 PARIS	

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,940.04
Available Credit	\$21,060		
NES LLC			
4470 1153 4000 5213			

CARDHOLDER ACTIVITY					
[REDACTED]		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$368.31	\$5,683.81	\$0.00	\$5,615.30
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-04	10-03	24110384278008012848133	MUVICO PARISIAN 20 W PALM BEACH FL	32.00	
10-04	10-04	24481244278528400870013	ARISTOKIDS [REDACTED] FL	47.70	
10-04	10-03	24445004278935184587171	PUBLIX #101 5611 PALM BEACH FL	113.13	
10-04	10-03	24164074277045213578807	WILLIAMSSONOMA01004893 WEST PALM BEA FL	395.12	
10-05	10-04	24445724279835954471890	CIRCUIT CITY SS #0862 W PALM BEACH FL	85.35	
10-05	10-04	24445004279835954471815	BARNES & NOBLE #2855 PALM BEACH FL	128.84	
10-06	10-05	74445734280838735917021	BLOOMINGDALE'S NY NEW YORK NY	331.31 CR	
10-06	10-05	24403894280279000085525	BETTER YOUR HOME NEW YORK NY	15.75	
10-06	10-05	24810434280004071522898	STAPLES #374 MANHATTAN NY	27.48	
10-06	10-05	24164074280494200134735	BORDERS BOOKS 01002005 NEW YORK NY	73.88	
10-07	10-06	24792624281208388001330	SALON AKS NEW YORK NY	234.34	
10-07	10-06	24124794281071100832215	RCS COMPUTER EXPERIENCE NEW YORK NY	370.42	
10-08	10-07	24108384282318013851385	GRACIOUS HOME 1 NEW YORK NY	84.71	
10-08	10-07	24323004283254282010027	GALERIA ART & FRAMING NEW YORK NY	211.11	
10-08	10-07	24810434282004081087510	POLOSPORT RALPH LAUREN 87 NEW YORK NY	744.08	
10-11	10-09	74110394284008013403273	MUVICO PARISIAN 20 W PALM BEACH FL	13.00 CR	
10-11	10-09	24110394284008013447051	MUVICO PARISIAN 20 W PALM BEACH FL	55.00	
10-11	10-08	244457442885940782718311	OFFICE DEPOT #102 WEST PALM BEA FL	188.40	
10-14	10-13	24810434288004057318588	POLO #827 PALM BEACH FL	208.00	
10-18	10-18	24810434282004001133331	CHIASSO 800-654-3570 TX	71.50	
10-18	10-18	24445004281945392373329	PUBLIX #101 5611 PALM BEACH FL	74.78	

KAREN I. GORDON		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$1,828.13	\$0.00	\$1,828.13
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
09-24	09-24	24164074288049000100223	POTTERY BARN 00007389 [REDACTED] CA	47.00	
09-24	09-23	24810434288010179078545	THE HOME DEPOT 3502 ALBUQUERQUE NM	58.18	
09-28	09-28	24399004272142050588009	WALGREEN 00038347 SANTA FE NM	47.85	
09-28	09-28	24445004273830888555857	JACKALOPE, INC. SANTA FE NM	89.24	
09-29	09-28	24781974273275338010205	DANSK #6068 SANTA FE NM	25.35	
09-29	09-28	24445744273931061742906	OFFICE DEPOT #984 SANTA FE NM	76.71	
09-29	09-28	24248514273554005197587	BED BATH & BEYOND #594 SANTA FE NM		

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,840.04
Available Credit	\$21,060		
NES LLC			
4470 1153 4000 6213			

CARDHOLDER ACTIVITY						
BRUCE M. GORDON		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY	
		\$0.00	\$3,350.95	\$0.00	\$3,350.95	
Post Date	Tran Date	Reference Number	Transaction Description	Amount		
09-20	09-20	24184074284624143440019	PETSMART 00001750 ALBUQUERQUE NM	56.00		
09-21	09-20	24610434285010179348347	THE HOME DEPOT 3502 ALBUQUERQUE NM	83.30		
09-24	09-23	24610434288010179080436	THE HOME DEPOT 3502 ALBUQUERQUE NM	24.04		
09-24	09-24	24445744270928561700001	OFFICE DEPOT #905 ALBUQUERQUE NM	42.41		
09-24	09-24	24685884288900018801424	EL MIRADOR FINE FRAMING ALBUQUERQUE NM	150.87		
09-30	09-30	24493984274208899100028	WIRELESS REPAIR INC ALBUQUERQUE NM	21.21		
10-01	10-01	24610434275004010490095	SHERWIN WILLIAMS #7329 RIO RANCHO NM	1,007.44		
10-05	10-05	24892184278000745830274	CLKBANK.COM DOWNLOAD ID	29.85		
10-08	10-05	24138294280327315687443	LOWE'S #758 ALBUQUERQUE NM	585.05		
10-07	10-07	24164074281824113110013	PETSMART 00001743 ALBUQUERQUE NM	29.97		
10-07	10-07	24717054281732812215407	SAFETY FLARE ALBUQUERQUE NM	710.83		
10-08	10-07	24386004281341070788213	THE PEPBOYS 00007883 ALBUQUERQUE NM	30.73		
10-08	10-08	24610434283004057785738	STAPLES #786 ALBUQUERQUE NM	517.55		
10-14	10-14	24493884288200399200052	PREMIER MOTORCARS ALBUQUERQUE NM	18.27		
10-15	10-14	24610434288010178683870	THE HOME DEPOT 3502 ALBUQUERQUE NM	45.33		

ALFREDO RODRIGUEZ		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY	
		\$0.00	\$1,942.56	\$0.00	\$1,942.56	
Post Date	Tran Date	Reference Number	Transaction Description	Amount		
10-13	10-12	24455014287120003540813	SUNOCO WEST PALM BLV FL	55.53		
10-13	10-13	24765424287132876510474	CARMINES GOURMET SCA PALM BEACH GA FL	288.24		
10-14	10-13	24210734288007287000077	SFRTA WPB KIOSK W PALM BCH FL	6.50		
10-14	10-13	24210734288007287000085	SFRTA WPB KIOSK W PALM BCH FL	5.50		
10-14	10-13	24625124288441803129841	TEXACO 00302958 WEST PALM BEA FL	18.00		
10-14	10-13	24445004288943131051764	PUBLIX #181 SA1 PALM BEACH FL	40.53		
10-14	10-13	24625124288441803129858	TEXACO 00302958 WEST PALM BEA FL	51.53		
10-14	10-13	24445004288943131051848	PUBLIX #181 SA1 PALM BEACH FL	82.33		
10-15	10-15	24431864281980885405149	MAIN STREET NEWS PALM BEACH FL	5.48		
10-15	10-15	24184074288355403370084	STARBUCKS 00062834 WEST PALM BEA FL	6.78		
10-15	10-15	24445004281944731308328	PUBLIX #181 SA1 PALM BEACH FL	10.48		
10-15	10-14	24184074288355403368843	STARBUCKS 00062834 WEST PALM BEA FL	12.34		
10-15	10-14	24431864288980885409428	MAIN STREET NEWS PALM BEACH FL			
10-15	10-15	24445004281944731308328				

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,940.04
Available Credit	\$21,080		
NES LLC			
4470 1153 4000 5213			

CARDHOLDER ACTIVITY					
LUCIANO FONTANILLA		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$258.21	\$0.00	\$258.21
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-07	10-07	24224434282238935200184	ROSA ROSA NEW YORK NY	103.20	
10-08	10-07	24184074282883281480243	AMOCO OIL 05018435 NEW YORK NY	30.00	
10-11	10-10	24164074284799284830118	AMOCO OIL 03048315 JAMAICA NY	25.01	
10-11	10-09	24224434284236335200075	ROSA ROSA NEW YORK NY	100.00	

Metavante Corporation
Credit Card Services

PL CASE
RUSH

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

A/P Tracking Number:

Company Name

NES, LLC

Company Number

Change Request For:

- ☐ Corporate Account #
☐ Individual Account #
☐ Control Account #

Individual Account Name

Luciana Fontan.1b

Control Account Name

☐ Address Change

☐ Company

☐ Individual

☐ Name Change

From:

To:

☐ Add/Change Phone Number

☐ Corporate Limit Increase to \$

☒ Control Account Limit Increase to \$

☒ Individual Limit Increase to \$ 5,000

☐ Reverse Finance Charge of \$

☐ Reverse Late Charge Fee of \$

☐ Reverse Current Membership Fee

☐ Add Home Banking

☐ Add Credit Rating

☐ Add Automatic Payment Deduction

T/R#

☐ Order PIN

☐ Waive Membership Fee One Year

☐ Charge Cardholder Replacement Card Fee of \$

☐ Order New Card for

Send Card

☐ Normal Delivery - 7-10 days

☐ Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

☐ Express Delivery - 2 days \$10

☐ Saturday Delivery Add \$10

☐ Charge Cardholder

☐ Charge Financial Institution

☐ Add Account R9 Rating

☐ List on Exception File

☐ Zero Cards to Reissue

☐ Stop Interest

☐ Re-Age Account

☐ Erase Past Due Status

Times 1-30

31-60

61-90

91-120

Erase All

☐ MRO Reissue

☐ Re-Open Account

☐ Close Account

Free Text/Miscellaneous Instruction:

☐ Delete Home Banking

☐ Minimum Payment

☐ Previous Balance

Checking Acct#

☐ Change ATM Access-Cash Advance Only %

☐ Waive Membership Fee Permanently

Please attach additional documentation for the following options:

Add MCC

Add MEA

Add Level

Add Group

EFTA00186576

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: [REDACTED]
Fax: [REDACTED]

facsimile transmittal

To: **CHARLENE**

Fax: [REDACTED]

From: **Jeff Desmond/Colonial Bank** Date: **6/14/2005**

Re: **Request**

2

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

PLEASE RUSH

Please contact me if you have any questions. Thank you.

Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: [REDACTED]
Fax: [REDACTED]

EFTA00186577

MEMORY TRANSMISSION REPORT

TIME : JUN-14-2005 01:06PM
TEL NUMBER :
NAME :

FILE NUMBER : 537
DATE : JUN-14 01:01PM
TO : 916082407496
DOCUMENT PAGES : 001
START TIME : JUN-14 01:01PM
END TIME : JUN-14 01:06PM
SENT PAGES : 001
STATUS : OK

FILE NUMBER : 537

*** SUCCESSFUL TX NOTICE ***

Metavante Corporation Credit Card Services		ATTN: CHARLENE PLEASE RUSH		A/P Tracking Number COMMERCIAL CARD PRODUCTS ACCOUNT MAINTENANCE	
Company Name N&S, LLC		Company Number			
Change Request For: ☐ Corporate Account # ☐ Individual Account # ☐ Control Account #		Individual Account Name Control Account Name			
☐ Address Change ☐ Name Change ☐ Add/Change Phone Number ☐ Corporate Limit Increase to \$ ☐ Control Account Limit Increase to \$ ☐ Individual Limit Increase to \$ ☐ Reverse Finance Charge of \$ ☐ Reverse Late Charge Fee of \$ ☐ Reverse Current Membership Fee ☐ Add Home Banking ☐ Add Credit Rating ☐ Add Automatic Payment Deduction ☐ T/R# ☐ Order PIN ☐ Waive Membership Fee One Year ☐ Charge Cardholder Replacement Card Fee of \$ ☐ Order New Card for ☐ Send Card		☐ Company ☐ Individual From: To: ☐ Corporate Limit Decrease to \$ ☐ Control Account Limit Decrease to \$ ☐ Individual Limit Decrease to \$ ☐ Reverse Over Limit Fee of \$ ☐ Reverse Insurance Fee of \$ ☐ Delete Home Banking ☐ Minimum Payment ☐ Previous Balance ☐ Checking Acct# ☐ Change ATM Access-Cash Advance Only % ☐ Waive Membership Fee Permanently Address to Mail Card: ☐ Normal Delivery - 7-10 days ☐ Fastened \$20 (next day - if received at Metavante by 12:00 p.m. CST) ☐ Express Delivery - 2 days \$10 ☐ Saturday Delivery Add \$10 ☐ Charge Cardholder ☐ Charge Financial Institution ☐ Add Account R9 Rating ☐ List on Exception File ☐ Zero Cards to Reissue ☐ Stop Interest ☐ Re-Age Account ☐ Erase Past Due Status ☐ # Times 1-30 ☐ MRO Reissue ☐ Re-Open Account ☐ Close Account Free Text/Miscellaneous Instructions:			

A/P Tracking Number:

Keyed by:

Date:

letavante Corporation
redit Card Services

COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT

Please indicate Commercial Card Product type:

☐ VISA
☐ Business☐ MasterCard
☒ Corporate☐ Purchase

Corporate Account:

Company Number:

Company Name: NYS LLC

SECTION 1 - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Div. Name	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Get
ame <u>JANUSZ</u>								
<u>BAGAS, GR</u>								
Mothers Maiden Name (Optional)								
Cardholder billing address <u>457 Madison Ave 4th Fl</u>								
Special Handling Instructions: ☐ Federal Express								
Plastic address if different from Cardholder billing address:								

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Div. Name	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Account Number
Mothers Maiden Name (Optional)								
Cardholder billing address								

Special Handling Instructions: ☐ Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Div. Name	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Account Number
Mothers Maiden Name (Optional)								
Cardholder billing address								
Special Handling Instructions: ☐ Federal Express								
Plastic address if different from Cardholder billing address:								

* Visa Purchasing Card Options

Financial Institution Name: Colonial BankAuthorized Signature: [Signature]☒ Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)Agent # 1559Date: 2/14/05

233-107 MIDSbc (11/00)

MEMORY TRANSMISSION REPORT

TIME : FEB-14-2005 01:56PM
TEL NUMBER :
NAME :

FILE NUMBER : 933
DATE : FEB-14 01:55PM
TO :
DOCUMENT PAGES : 002
START TIME : FEB-14 01:55PM
END TIME : FEB-14 01:56PM
SENT PAGES : 002
STATUS : OK

FILE NUMBER : 933

*** SUCCESSFUL TX NOTICE ***

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: 561-616-4065
Fax: 561-616-4092

facsimile transmittal

To: Metavant Fax: 96
From: Jeff Desmond Colonial Bank Date: 2/14/2005
Re: Card Request 2
CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Greetings,

Please contact me if you have any questions. Thank you.

Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: 561-616-4065
Fax: 561-616-4092

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: [REDACTED]
Fax: [REDACTED]

facsimile transmittal

To: **Metavante** Fax: [REDACTED]

From: **Jeff Desmond/Colonial Bank** Date: **6/28/2006**

Re: **Maintenance** **2**

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please contact me if you have any questions. Thank you.

Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: [REDACTED]
Fax: [REDACTED]

Rich Kahn (rkahn@nysgmail.com)
New York Strategy Group, LLC
457 Madison Avenue
Fourth Floor
New York, New York, 10022
tel [REDACTED] fax [REDACTED]

**New York Strategy
Group, LLC**

Fax

To: Jeff Desmond

From: Rich Kahn for Jeffrey Epstein

Fax: [REDACTED]

Pages: 2

Phone: [REDACTED]

Date: 6/28/2006

Re: NES LLC - new credit card

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Please contact me with any questions.

Thank you

fedEx. USA Airbill FedEx Tracking Number **811283384653**

From (please print and press hard) **8-10-01** Sender's FedEx Account Number **NAVEY BRUNO**
 Shipper's name **NAVEY BRUNO** Phone **()**
 Company **PALM BEACH NATIONAL BANK TRCO**
 Address **3931 RCA BLVD STE 3102**
PALM BEACH GARDENS FL 33410 Dept./Floor/Suite/Room

Your Internal Billing Reference Information (Optional) (First 34 characters will appear on invoice)

To (please print and press hard)
 Recipient's name **ERIC GANY** Phone **312-750-1176**
 Company **NES.**

Address **9 East 71st Street** Check here if residence
 City **New York** (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes) Dept./Floor/Suite/Room
 State **NY** ZIP **10021**

For HOLD at FedEx Location check here
☐ Hold Weekday ☐ Hold Saturday ☐ NEW Sunday Delivery
 (Not available with FedEx First Overnight and FedEx 2Day only) (Available for FedEx Priority Overnight and FedEx 2Day only)

Actual loss in a timely manner. Your right to recover from us for any loss includes the value of the package, loss of sales, transit, profit, attorney's fees, costs, and other losses of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

Questions?
 Call 1-800-Go-FedEx®

The World On Time.

Form L.D. No. **0210** **Sender's Copy**

4a Express Package Service Packages under 150 lbs.
☒ FedEx Priority Overnight ☐ FedEx Standard Overnight
 (Next business morning) (Next business afternoon)
☐ FedEx First Overnight (Next business morning delivery to select business) (Higher rates apply)
☐ FedEx 2Day (Second business day) ☐ FedEx Express Saver (Third business day)
 FedEx Letter (Rate not available. Minimum charge: One pound rate.)

4b Express Freight Service Packages over 150 lbs.
☐ FedEx Overnight Freight ☐ FedEx 2Day Freight ☐ FedEx Express Saver Freight
 (First business day) (Second business day) (Up to 2 business days)
 (Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging ☐ FedEx Letter ☐ FedEx Pak ☐ FedEx Box ☐ FedEx Tube ☐ Other ☐ Fig.
 (Declared value limit \$500)

6 Special Handling Does this shipment contain dangerous goods? ☐ No ☐ Yes ☐ Yes Shipper's instructions required ☐ No ☐ Yes Shipper's instructions required ☐ Cargo Aircraft Only
 Dry Ice ☐ Dry Ice ☐ UN 1845 ☐ kg
 (Shipment should cannot be shipped by FedEx packaging)

7 Payment Bill to: ☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
 (Enter FedEx Account No. or Credit Card No. below)

FedEx Account No.
 Credit Card No.
 Total Packages Total Weight Total Declared Value* \$ \$
 Total Charges \$

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 Release Signature (Sign to authorize delivery without obtaining signature.)
 Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and releases Federal Express from any resulting claims.

WGL 0039
 Rev. Dec 1998
 Fed 1500000
 © 1998 FedEx Corp.
 PRINTED IN U.S.A.

321

0085824324

Any changes
Jeffrey Epstein
must sign!

///

Eric Gany

I Hope This Covers
Everything. IF you
Have Any Questions
Give me A Call.

NEW YORK STRATEGY GROUP LLC
The Villard House
457 Madison Avenue
Fourth Floor
New York, New York 10022

Eric T. Gany

Telephone:
Telefax:



EFTA00186586

CUSTOMER PROFILE - BALANCE SUMMARY

NEXT = PAGE 1
07/25/01 11:50:13

BANK 534 CUST # [REDACTED]
CUST NAME JEFFREY E EPSTEIN
[REDACTED]
PALM BEACH FL 33480-4730

REMARKS
HISTORICAL INFO

STATUS OPEN TAX ID S [REDACTED]
DATE OPENED 03-08-1991 HOME PHONE [REDACTED]
DATE CLOSED BUS PHONE [REDACTED]
BRANCH PALM BEACH OFFICE PRIM OFFICER DOROTHY WILSON
COST CENTER 0000200 SEC OFFICER DOROTHY WILSON
BIRTH

BNK APPL	ACCOUNT NUMBER	S	OPEN	P	RELATION	CDTYP	BALANCE	SRA
534 CC	[REDACTED]	O	11-98	P	AUTH SIGN		0	
534 DP	[REDACTED]	O	03-91	P	SOLE OWNE	N 015	6,691	N *
534 DP	[REDACTED]	O	03-91	P	SOLE OWNE	N 015	54,582	N *
534 DP	[REDACTED]	O	01-94	P	SOLE OWNE	M 014	965,373	N *
534 DP	[REDACTED]	P	02-95	S	AUTH SIGN	D 075	0	N
534 DP	[REDACTED]	O	10-97	P	SOLE OWNE	N 015	6,812	N *
534 DP	[REDACTED]	O	01-01	S	AUTH SIGN	D 075	21,410	N
534 DP	[REDACTED]	O	08-99	P	SOLE OWNE	C 028	111,263	N *

CIC3209 - PRESS PA1 FOR NEXT PAGE OR USE OPERATOR LOGICAL PAGING COMMANDS

Eric Gany

[REDACTED]

Two Entities
Eric @
457 Madison



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

Bankcard Department
3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410
Phone: [REDACTED]
Fax: [REDACTED]

Fax Transmission cover Sheet

Date: 8/9/01

To: Eric Gany [REDACTED]

Sender: Nancy Bruno

Re: Jeffery Epstein

You should receive 2 pages(s), including this cover sheet. If you do not receive all the pages, please call

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Message:



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410

Fax Transmission cover Sheet

Date: 8/21/01

To: Credit Services [REDACTED]
(Applications and Business card maintenance)

Sender: Ann Lufft

Re: NES LLC

You should receive 4 pages(s), including this cover sheet. If you do not receive all the pages, please call [REDACTED].

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Type: Visa Business
Limit: \$25,000.00
Bank: 1559
Agent: 1534
Rate Code: 4 No Annual Fee