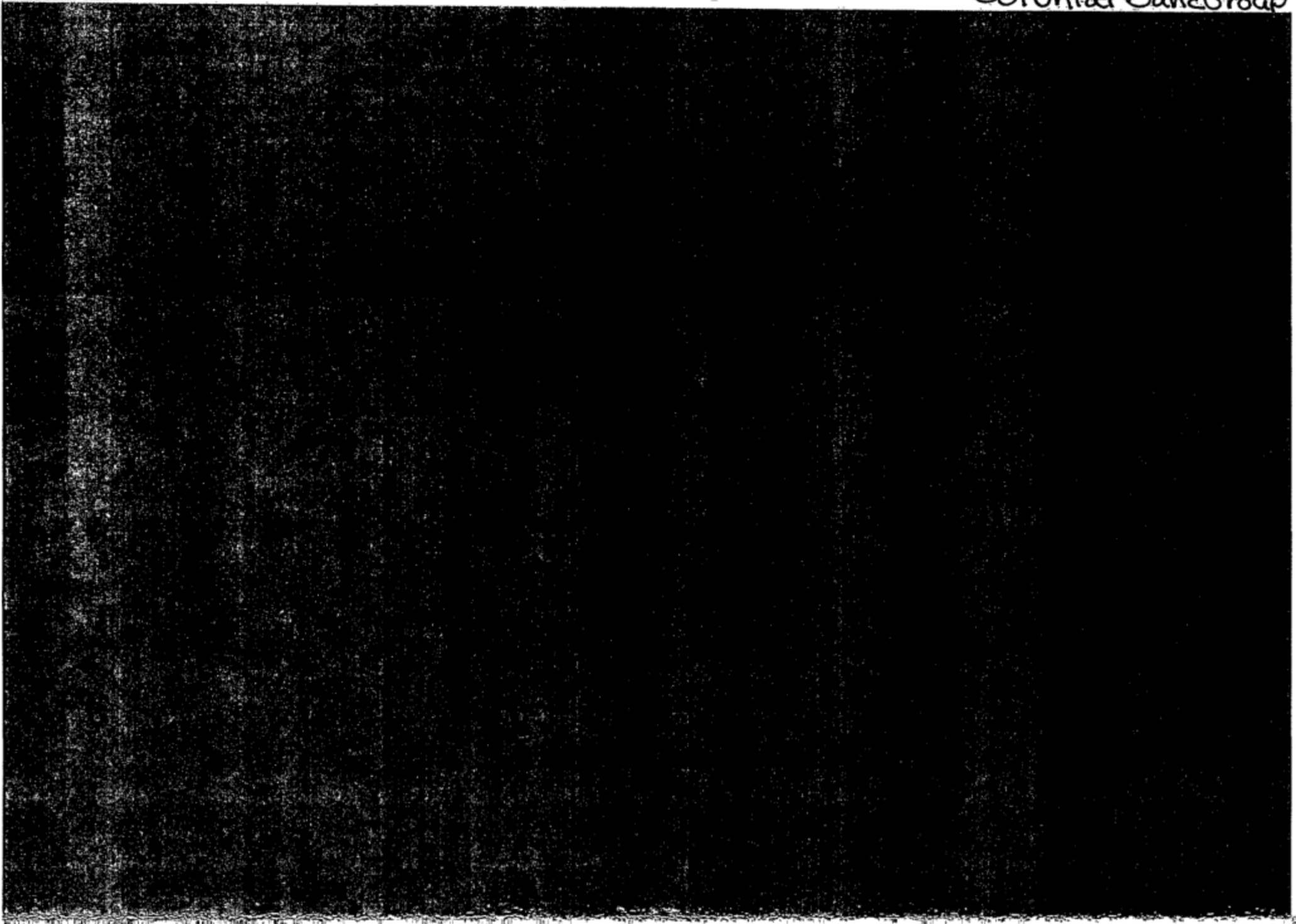


Colonial Banc Group





August 22, 2006

*Via Federal Express*

Honorable [REDACTED]  
[REDACTED]  
West Palm Beach, Florida 33401-6235

*Re: Subpoena Issued to Colonial Bank*

Dear Ms. [REDACTED] and Agent Kuyrkendall:

I enclose herewith Colonial Bank's Response to the Subpoena *Duces Tecum* issued to its Research Department in Birmingham, Alabama, on or about August 2, 2006, regarding VISA Account Number [REDACTED], Jeffrey Epstein, [REDACTED], [REDACTED], Janusz Banasiak, [REDACTED], and Alfredo Rodriguez. Also enclosed is a statement representing fees incurred by Colonial incident to its photocopying of the documents responsive to the subpoena.

Thank you for allowing Colonial Bank an extension of time within which to respond to the subpoena.

Sincerely yours,

[REDACTED SIGNATURE]

[REDACTED TITLE]

DBBjr/pac  
Enclosures

**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 06-16-06  
TOTAL ACTIVITY \$187.44

MEMO STATEMENT ONLY \*\*  
DO NOT REMIT PAYMENT

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

N96072

**CARDHOLDER SUMMARY**

JANUSZ BANASIAK [REDACTED]	Purchases And Other Debits	+ Cash Advances	- Credits	Total Activity
Cardholder Total	\$187.44	\$0.00	\$0.00	\$187.44

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
05-24	05-23	24932896144900500100325	ASIA GRILL 212-759916 NY	M32.85
05-25	05-24	24163044146001885000292	MEDITERRANEO NEW YORK NY	M45.20
05-26	05-25	24013396146001885932118	CHINA FUN NEW YORK NY	M38.27
05-29	05-28	24183046149001991771509	MEDITERRANEO NEW YORK NY	M26.20
05-29	05-27	24323036146122435020589	PATSY'S AT 69TH STREET NEW YORK NY	M43.82
TOTAL AMOUNT OF MEMO ITEM(S):				\$187.44

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-808-240-7700	ACCOUNT NUMBER	ACCOUNT SUMMARY
	[REDACTED]	
SEND INQUIRIES TO: CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	STATEMENT DATE	PURCHASES & OTHER CHARGES \$187.44
	06/16/06	CASH ADVANCES .00
	CREDIT LIMIT	CASH ADVANCE FEES .00
	\$2,000.00	CREDITS .00
DISPUTED AMOUNT	\$0.00	TOTAL ACTIVITY \$187.44

**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 05-18-08  
TOTAL ACTIVITY \$42.04

\*\*\* MEMO STATEMENT ONLY \*\*\*  
DO NOT REMIT PAYMENT

|||||  
JANUSZ BANASIAR  
NES LLC  
457 MADISON AVE FL 4  
NEW YORK NY 10022-6843

NO0528

**CARDHOLDER SUMMARY**

[REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$42.04		\$0.00		\$0.00		\$42.04

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-04	05-04	24286578125208099100823	NOTICE MEMO ITEMS LISTED BELOW LEGENDS #11 WEST PALM BEA FL	M42.04
TOTAL AMOUNT OF MEMO ITEM(S):				\$42.04

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-808-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	[REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE	05/18/08	PURCHASES & OTHER CHARGES	\$42.04
	CREDIT LIMIT	\$9,000.00	CASH ADVANCES	.00
			CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
MADISON WI 53701-1111

DISPUTED AMOUNT  
\$0.00

CREDITS	.00
TOTAL ACTIVITY	\$42.04




COLONIAL BANK  
MEMO STATEMENT

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	04-17-08
TOTAL ACTIVITY	\$472.19

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT

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

NOORIS

CARDHOLDER SUMMARY

JANUSZ BANASJAR	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$472.19		\$0.00		\$0.00		\$472.19

CARDHOLDER ACTIVITY

Post Date	Tran Date	Reference Number	Transaction Description	Amount
			NOTICE MEMO ITEMS LISTED BELOW	
03-17	03-17	24248516076207785400028	GREGS BODY AND PAINT 5818335626 FL	M213.00
03-27	03-26	24275306086766763354554	BUDGET RENT-A-CAR WEST PALM BEA FL 76335455	M198.07
04-11	04-10	24755426101641011093195	LEILA WEST PALM BCH FL	M81.12
			TOTAL AMOUNT OF MEMO ITEM(S):	\$472.19

FOR CUSTOMER SERVICE OR  
LOST/STOLEN CARDS CALL

TOLL FREE 1-800-221-5820  
INTERNATIONAL 1-608-240-7700

SEND INQUIRIES TO:

ACCOUNT NUMBER

STATEMENT DATE

CREDIT LIMIT

\$9,000.00

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	\$472.19
CASH ADVANCES	.00
CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$472.18



PO BOX 1111  
MADISON WI 53701-1111

**COLONIAL BANK  
MEMO STATEMENT**

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	03-16-06
TOTAL ACTIVITY	\$243.83

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT

|||||  
JANUSZ BANASIAK  
NES LLC  
457 MADISON AVE FL 4  
NEW YORK NY 10022-6843

N00504

**CARDHOLDER SUMMARY**

[REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$243.83		\$0.00		\$0.00		\$243.83

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
03-10	03-10	24798486071050874651769	ROGER DEAN CHEVROLET INC WEST PALM BCG FL	M243.83
TOTAL AMOUNT OF MEMO ITEM(S):				\$243.83

FOR CUSTOMER SERVICE OR  
LOST/STOLEN CARDS CALL

TOLL FREE 1-800-221-5920  
INTERNATIONAL 1-808-240-7700

SEND INQUIRIES TO:

ACCOUNT NUMBER

[REDACTED]

STATEMENT DATE

03/16/06

CREDIT LIMIT

\$2,000.00

**ACCOUNT SUMMARY**

PURCHASES &  
OTHER CHARGES \$243.83

CASH ADVANCES .00

CASH ADVANCE FEES .00

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
PO BOX 1111  
MADISON WI 53701-1111

DISPUTED AMOUNT  
\$0.00

CREDITS .00  
TOTAL ACTIVITY \$243.83



PO BOX 1111  
MADISON WI 53701-1111

**COLONIAL BANK  
MEMO STATEMENT**

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 02-16-06  
TOTAL ACTIVITY \$637.37

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT



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

NO652R

**IMPORTANT INFORMATION**

Your total finance charge paid for 2005 was \$0.00.

**CARDHOLDER SUMMARY**

JANUSZ BANASJAR [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$637.37		\$0.00		\$0.00		\$637.37

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
01-17	01-17	24928886017206144300558	GULF STREAM MOTORS 4078889383 FL	M206.63
02-14	02-14	24445008048377641803810	H-D OF PALM BEACH W PALM BEACH FL	M354.74
02-15	02-14	24184078048974253960466	RACETRAC582 00005829 W PALM BCH FL	M74.00
TOTAL AMOUNT OF MEMO ITEM(S):				\$637.37

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL.  TOLL FREE 1-800-221-5820 INTERNATIONAL 1-808-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	ACCOUNT SUMMARY
	[REDACTED]	PURCHASES & OTHER CHARGES \$637.37
	STATEMENT DATE	CASH ADVANCES .00
	02/16/06	CASH ADVANCE FEES M
	CREDIT LIMIT	
	\$2,000.00	

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$637.37



**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 01-16-06  
TOTAL ACTIVITY \$2,849.42

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT



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

N00496

**IMPORTANT INFORMATION**

Your total finance charge paid for 2005 was \$0.00.

**CARDHOLDER SUMMARY**

JANUSZ BANASIAK [REDACTED] Cardholder Total	Purchases And Other Debits	+ Cash Advances	- Credits	Total Activity
	\$2,849.42	\$0.00	\$0.00	\$2,849.42

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
12-19	12-19	24326885353206144100242	GULF STREAM MOTORS 4076886363 FL	M311.62
12-22	12-22	24108385356642447643853	DOLLAR RENT-A-CAR PB1000 WEST PALM BEA FL HM1154845	M898.38
01-02	01-02	24108388002642454534878	DOLLAR RENT-A-CAR PB1000 WEST PALM BEA FL HM1165811	M693.71
01-03	01-02	24402696003900600300879	BELLA BLU NEW YORK NY	M160.18
01-03	01-03	24692168003000223228411	HAMMACHER SCHLEMMER 800-233-4800 OH	M384.14
01-06	01-06	24409688008900800901467	MEDITERRANEO NEW YORK NY	M68.00
01-09	01-07	24782628008207489700358	FOCACCIA FIORENTINA NY NY	M48.52
01-09	01-08	24558308009400002781050	LABSINTHE RESTAURANT NEW YORK NY	M231.98
01-16	01-15	2469216601600083988850	SHELL OIL 2083030519 FORT LAUDERDA FL	M74.89
TOTAL AMOUNT OF MEMO ITEM(S):				\$2,849.42

<b>FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL</b>  TOLL FREE 1-800-221-5820 INTERNATIONAL 1-808-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY
	STATEMENT DATE 01/16/06	PURCHASES & OTHER CHARGES \$2,849.42
	CREDIT LIMIT \$2,000.00	CASH ADVANCES .00
		CASH ADVANCE FEES .00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$2,849,42



**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	12-18-05
TOTAL ACTIVITY	\$1,862.16

\*\*\* MEMO STATEMENT ONLY \*\*\*  
DO NOT REMIT PAYMENT

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

N00007

**CARDHOLDER SUMMARY**

JANUSZ BANASJAR [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	×	Total Activity
Cardholder Total	\$1,862.16		\$0.00		\$0.00		\$1,862.16

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
11-17	11-16	24164055321837000006240	EXXONMOBIL87 07694991 WEST PAL FL	M65.01
11-21	11-21	24266575326206688100669	LEGENDS #11 WEST PALM BEA FL	M28.39
11-23	11-22	24254775927452919200500	CITY CELLAR WINE BAR & WEST PALM BCH FL	M80.70
11-25	11-24	24470975391800010100169	CAFE L' EUROPE PALM BEACH FL	M193.89
11-28	11-27	24108385881642439400073	DOLLAR RENT-A-CAR PBIOOO WEST PALM BEA FL HH1120480	M668.15
12-02	12-01	24610435338010180826802	THE HOME DEPOT 6306 PINECREST FL	M500.00
12-14	12-14	24288575348206689100700	LEGENDS #11 WEST PALM BEA FL	M27.92
TOTAL AMOUNT OF MEMO ITEM(S):				\$1,862.16

<b>FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL</b>  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-608-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	[REDACTED]	<b>ACCOUNT SUMMARY</b>	
	STATEMENT DATE	12/18/05	PURCHASES & OTHER CHARGES	\$1,862.18
	CREDIT LIMIT	53,000.00	CASH ADVANCES	.00
			CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$1,862.16

Page 1 of 1



**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 11-16-05  
TOTAL ACTIVITY \$1,626.55

\*\*\* MEMO STATEMENT ONLY \*\*\*  
DO NOT REMIT PAYMENT

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

N0046A

CARDHOLDER SUMMARY				
JANUSZ BANASIAR	Purchases And Other Debits	+ Cash Advances	- Credits	= Total Activity
Cardholder Total	\$1,626.55	\$0.00	\$0.00	\$1,626.55

CARDHOLDER ACTIVITY				
Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
10-18	10-17	24266575291206699100591	LEGENDS #11 WEST PALM BEA FL	M22.88
10-21	10-20	24266575294206699100929	LEGENDS #11 WEST PALM BEA FL	M21.07
10-24	10-24	24246515297208399100011	ALLSTATES AIR CARGO INC FORKED RIVER NJ	M292.13
10-31	10-29	24108385302642431832393	DOLLAR RENT-A-CAR PBI000 WEST PALM BEA FL HH1089044	M877.24
10-31	10-29	24266575803206699100448	LEGENDS #11 WEST PALM BEA FL	M18.82
11-01	11-01	24266575906208889100889	LEGENDS #11 WEST PALM BEA FL	M35.40
11-03	11-02	24001765307318095690184	OKEECHOBEE STEAK HOUSE WEST PALM BCH FL	M54.08
11-04	11-03	24184075308428052002573	CHILI'S GRI11000001107 WEST PALM BEA FL	M22.04
11-04	11-04	24782825309286499800414	CHINA FUN NY NY	M27.11
11-09	11-08	24158135918101912140045	SILVER STAR 212-2494250 NY	M18.10
11-09	11-08	24403695313900591301359	MEDITERRANEO NEW YORK NY	M73.15
11-14	11-12	24418005318318240932309	CAFFE MED NEW YORK NY	M14.40
11-14	11-13	24717055317733174359861	EAT HERE NOW NEW YORK NY	M14.45
11-14	11-12	24323035917122241010857	PATSY'S AT 69TH STREET NEW YORK NY	M28.87
11-14	11-12	24071055917987127874905	TATANY 72 NEW YORK NY	M37.80
11-16	11-15	2418405592083700008118	EXXONMOBIL87 07894991 WEST PAL FL	M89.21
TOTAL AMOUNT OF MEMO ITEM(S):				\$1,626.55

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL TOLL FREE 1-800-221-5920 INTERNATIONAL 1-608-240-7700	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY
	STATEMENT DATE 11/16/05	PURCHASES & OTHER CHARGES \$1,626.55
SEND INQUIRIES TO:	CREDIT LIMIT \$3,000.00	CASH ADVANCES .00
		CASH ADVANCE FEES .00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO. BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$1,628.55




PO BOX 1111  
MADISON WI 53701-1111

**COLONIAL BANK  
MEMO STATEMENT**

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	10-17-05
TOTAL ACTIVITY	\$14.80

MEMO STATEMENT ONLY \*\*  
DO NOT REMIT PAYMENT

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

N00488

**CARDHOLDER SUMMARY**

JANUSZ BANASJAR [REDACTED]	Purchases And Other Debits	Cash Advances	Credits	Total Activity
Cardholder Total	\$2,181.12	\$0.00	\$2,181.12	\$14.80

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
09-20	09-20	24510435263072000003211	ABC CARPET & HOME DELRAY BEACH FL	M2,181.12
08-21	09-21	74610435264072000002712	ABC CARPET & HOME DELRAY BEACH FL	M2,181.12 CR
08-29	09-28	24323015272117101015808	DOMINOS PIZZA #4804009 W PALM BEACH FL	M14.80
TOTAL AMOUNT OF MEMO ITEM(S):				\$14.80

FOR CUSTOMER SERVICE OR  
LOST/STOLEN CARDS CALL

TOLL FREE [REDACTED]

SEND INQUIRIES TO:

ACCOUNT NUMBER

STATEMENT DATE

CREDIT LIMIT

**ACCOUNT SUMMARY**

PURCHASES & OTHER CHARGES	\$2,181.12
CASH ADVANCES	.00
CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
PO BOX 1111  
MADISON WI 53701-1111

DISPUTED AMOUNT  
\$0.00

CREDITS	2,181.12
TOTAL ACTIVITY	\$14.80



**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	09-16-05
TOTAL ACTIVITY	\$789.48

\*\*\* MEMO STATEMENT ONLY \*\*\*  
DO NOT REMIT PAYMENT

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

N00489

**CARDHOLDER SUMMARY**

JANUSZ BANASJAR [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$789.48		\$0.00		\$0.00		\$789.48

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
09-05	09-05	24403695247800524800285	IMPROV CITY PLACE 581-8331812 FL	M107.88
09-12	09-10	24246515253934765800023	GREGS BODY AND PAINT WEST PALM BEA FL	M881.60
TOTAL AMOUNT OF MEMO ITEM(S):				\$789.48

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-608-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	[REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE	09/16/05		
	CREDIT LIMIT	\$2,000.00	CASH ADVANCES	.00

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
PO BOX 1111  
MADISON WI 53701-1111

DISPUTED AMOUNT  
\$0.00

CREDITS	.00
TOTAL ACTIVITY	\$789.48

Page 1 of 1



**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 08-16-05  
TOTAL ACTIVITY \$2,297.97

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT

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

N00473

**CARDHOLDER SUMMARY**

JANUSZ BANASIAK [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$2,297.97		\$0.00		\$0.00		\$2,297.97

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
NOTICE MEMO ITEMS LISTED BELOW				
07-21	07-21	24328595202043144200497	GULF STREAM MOTORS WEST PALM BCH FL	M622.82
08-04	08-04	24782825217288489800813	CHINA FUN NY NY	M20.88
08-08	08-08	24246515219207389700086	INDIAN TANDOOR-OVEN RSTR NEW YORK NY	M34.89
08-08	08-07	24403885220900522000434	MEDITERRANEO NEW YORK NY	M55.70
06-09	06-08	24810435221010181784855	THE HOME DEPOT 6330 WEST PALM BCH FL	M1,563.78
TOTAL AMOUNT OF MEMO ITEM(S):				\$2,297.97

<b>FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL</b>  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-608-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]		
	STATEMENT DATE	PURCHASES & OTHER CHARGES	\$2,297.97
	08/18/05	CASH ADVANCES	.00
	CREDIT LIMIT	CASH ADVANCE FEES	.00
	\$2,000.00		

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
PO BOX 1111  
MADISON WI 53701-1111

DISPUTED AMOUNT

\$0.00

CREDITS

.00

TOTAL ACTIVITY

\$2,297.97

Page 1 of 1



PO BOX 1111  
MADISON WI 53701-1111

**COLONIAL BANK**  
**MEMO STATEMENT**

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 07-18-05  
TOTAL ACTIVITY \$249.99

MEMO STATEMENT ONLY  
DO NOT REMIT PAYMENT

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

N00478

**CARDHOLDER SUMMARY**

JANUSZ BANASIAK [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$249.99		\$0.00		\$0.00		\$249.99

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
06-27	06-26	2471705517B581780123371	NOTICE MEMO ITEMS LISTED BELOW DELTA AIR 0062186044465 CINCINNATI OH DEPARTURE DATE 06-27-05 PBI DL B LGA DL B PBI	M249.99
TOTAL AMOUNT OF MEMO ITEM(S):				\$249.99

<b>FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL</b>  TOLL FREE 1-800-221-5820 INTERNATIONAL 1-808-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	[REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE	07/18/05	PURCHASES & OTHER CHARGES	\$249.99
	CREDIT LIMIT	\$3,000.00	CASH ADVANCES	.00
			CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$249.99



PO BOX 1111  
MADISON WI 53701-1111

**COLONIAL BANK  
MEMO STATEMENT**

ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 06-16-05  
TOTAL ACTIVITY \$1,712.59

**\*\* MEMO STATEMENT ONLY \*\*  
DO NOT REMIT PAYMENT**

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

N00482

CARDHOLDER SUMMARY						
JANUSZ BANASJAR	Purchase And Other Debits	Cash Advances	Credits	Total Activity		
Cardholder Total	\$1,712.59	\$0.00	\$0.00	\$1,712.59		

CARDHOLDER ACTIVITY						
Post Date	Tran Date	Reference Number	Transaction Description	Amount		
NOTICE MEMO ITEMS LISTED BELOW						
06-08	06-08	24210735159018000010098	PALM BEACH CYCLES WEST PALM BEA FL	M619.31		
06-13	06-11	24399005169142026883197	WALGREEN 00045930 WEST PALM BEA FL	M101.59		
08-13	06-11	24399005169142026840810	WALGREEN 00045930 WEST PALM BEA FL	M488.92		
06-13	06-11	24399005183142028608861	WALGREEN 00045930 WEST PALM BEA FL	M522.77		
TOTAL AMOUNT OF MEMO ITEM(S):				\$1,712.59		

<b>FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL</b>  TOLL FREE 1-800-221-5920 INTERNATIONAL 1-608-240-7700  SEND INQUIRIES TO:	ACCOUNT NUMBER	[REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE	06/16/05	PURCHASES & OTHER CHARGES	\$1,712.59
	CREDIT LIMIT	\$3,000.00	CASH ADVANCES	.00
			CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER DISPUTE RESOLUTION PO BOX 1111 MADISON WI 53701-1111	DISPUTED AMOUNT	CREDITS	.00
	\$0.00	TOTAL ACTIVITY	\$1,712.59




**COLONIAL BANK  
MEMO STATEMENT**

PO BOX 1111  
MADISON WI 53701-1111

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	05-16-05
TOTAL ACTIVITY	\$1,676.31

\*\*\* MEMO STATEMENT ONLY \*\*\*  
DO NOT REMIT PAYMENT

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

NG0480

**CARDHOLDER SUMMARY**

JANUSZ BANASJAR [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$1,676.31		\$0.00		\$0.00		\$1,676.31

**CARDHOLDER ACTIVITY**

Post Date	Tran Date	Reference Number	Transaction Description	Amount
05-09	05-08	24810436128004068006402	POLO #827 PALM BEACH FL	M1,676.31
			TOTAL AMOUNT OF MEMO ITEM(S):	\$1,676.31

FOR CUSTOMER SERVICE OR  
LOST/STOLEN CARDS CALL

TOLL FREE 1-800-221-5820  
INTERNATIONAL 1-808-240-7700

SEND INQUIRIES TO:

ACCOUNT NUMBER

[REDACTED]

STATEMENT DATE

05/16/05

CREDIT LIMIT

\$2,000.00

**ACCOUNT SUMMARY**

PURCHASES & OTHER CHARGES	\$1,676.31
CASH ADVANCES	.00
CASH ADVANCE FEES	.00

CREDIT CARD PROCESSING CENTER  
DISPUTE RESOLUTION  
PO BOX 1111  
MADISON WI 53701-1111

DISPUTED AMOUNT  
\$0.00

CREDITS	.00
TOTAL ACTIVITY	\$1,878.31

Page 1 of 1





NO NON STOP  
RECORDED BY 8804-4111  
CREDIT CARD PROCESSING CENTER  
PO BOX 5000  
MELVILLE NY 11761-0500  
MSB 111C  
CORP ACCT ACCOUNT  
400 MADISON AVE FL 4  
NEW YORK NY 10022-4945

COLONY BANK  
ACCOUNT NUMBER [REDACTED]  
ACCOUNT TYPE [REDACTED]  
CREDIT CARD [REDACTED]  
CURRENCY [REDACTED]

AMOUNT [REDACTED]  
\$

If you have authorized automatic payments  
the amount shown here may have been  
deducted from your account or returned  
to you by the bank. Please check your  
statements for the amount of the  
deduction.

Payment received at address that  
does not match on the back of this  
statement may be subject to a delay in  
posting of 10 to 15 days after the date  
of receipt.

THE ADDRESS ON THE BACK OF THIS CHECK IS THE  
ADDRESS OF THE BANKING AND FINANCIAL GROUP  
AT THE ADDRESS ON THE BACK OF THIS CHECK

PLEASE MAKE CHECK PAYABLE  
TO THE ACCOUNT NUMBER

Form with fields for name, address, and account information. Includes a routing slip area with handwritten notes and a large blacked-out area.

*Posted 8-9-06*

Data Unchanged

This payment was processed on 6/21/2006 2:45:05 PM

This payment was exported on 6/21/2006 3:15:16 PM

<b>Account To Credit</b> Account: [REDACTED]		Payment Type: AGH		<b>Payment Info</b> Payment Amt: 19806.27 Payment Date: 6/20/2006 Total Amount: \$19,606.27	
<b>Customer Information</b> Cust. Name: NES LLC Debit Address: 467 MADISON AVE FL 4 Zip, City, State: 10022 NEW YORK NY Phone#: [REDACTED] Alternate Phone: [REDACTED]		<b>Account To Debit</b> Routing Number: 062113222 Confirmation #: 1875200 Checking #: [REDACTED]		Bank Name, Phone: COLONIAL BANK, NA (407) 444-2285 Address: 609 W LAKE MARY BLVD City, State, Zip: LAKE MARY FL 32746	
<b>Posting Details</b> Payee: [REDACTED] : 1 of 7 entered. \$19,606.27 total.		Debit Name: [REDACTED] Joint Name: [REDACTED] Zip, City, State: 10022 NEW YORK NY		<b>Bank</b> \$ BANK CARD SERVICES \$ <b>Curr. Coll. Status</b> \$ Z \$ <b>E-Mail Address</b> \$ [REDACTED] Collector ID \$ [REDACTED] <b>Caller ID</b> \$ [REDACTED] \$ <b>Result Code</b> \$ [REDACTED] \$	
<b>User Info</b> Collector ID: BZFGRCO Collector Group: CSSUP Payment Entered On: 6/20/2006 3:20:10 PM Payment Entered By: EXTRANET Print Site: METV					

*Electronic payment.*  
*posted 6-20-06*



Data Unchanged

This payment was processed on 5/5/2006 2:46:04 PM

This payment was exported on 5/5/2006 3:22:07 PM

<b>Account To Credit</b> Account: [REDACTED]		Payment Type AGH		<b>Payment Info</b> Payment Amt: 10685.10 Payment Date: 5/5/2006 \$3.00		Total Amount: \$10,888.10	
<b>Customer Information</b> Type: Personal		<b>Account To Debit</b>					
Cust. Name: NES LLC Debit Address: 457 MADISON AVE FL 4 Zip, City, State: 10022 NEW YORK NY Phone: [REDACTED] Alternate Phone: [REDACTED]		Routing Number: 021000021 Confirmation #: 1803795 Checking #: [REDACTED] Bank Name, Phone: JPMORGAN CHASE BANK, NA (212) 270-8000 Address: 1111 POLARIS PARKWAY City, State, Zip: COLUMBUS OH 43240					
<b>Posting Details</b> Payee: [REDACTED] : 1 of 7 entered, \$10,685.10 total.		Debit Name: JEFFERY EPSTEIN Joint Name: [REDACTED] Zip, City, State: 10022 NEW YORK NY					
<b>User Info</b> Collector ID: BFFNFREDER Collector Group: CSSUP Payment Entered On: 5/5/2006 11:01:50 AM Payment Entered By: EXTRANET Print Size: METV		Bank: BANK CARD SERVICES \$ Curr. Coll. Status: Z \$ E-Mail Address: [REDACTED] Collector ID: [REDACTED] \$ Caller ID: [REDACTED] \$ Result Code: [REDACTED] \$					

*Electronic Payment*

*Posted 5-5-06*



COLONIAL BANK

ACCOUNT NUMBER [REDACTED]  
PAYEE NAME [REDACTED]  
AMOUNT DUE \$1,000.00  
PAYMENT BALANCE \$1,000.00

If you have authorized automatic payments, the payment amount that you have authorized will be debited from your account on the payment due date.

Payment received at any time will result in a credit to the face of this statement. Payment may be subject to a delay in crediting of up to 5 days after the date of receipt.

TO THE ORDER OF  
MONEY ORDER  
PAY TO THE ORDER OF  
MONEY ORDER  
MONEY ORDER

NYC LLC  
CORPORATE ACCOUNT  
457 MADISON AVE FL 4  
NEW YORK NY 10017-2403

AMOUNT PAID [REDACTED]

DATE OF DEPOSIT [REDACTED]

[REDACTED]

Colonial Bank  
11000 The Greenway  
Arlington, VA 22204

Check # [REDACTED] \$ [REDACTED]

Pay to the order of [REDACTED]

Check Date [REDACTED]

Check Bank [REDACTED]

Check Number [REDACTED]

Check Amount [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Posted 3-31-06*



P. 36

Date Unchanged

This payment was processed on 12/12/2006 2:45:06 PM

This payment was exported on 12/12/2005 3:18:03 PM

<b>Account To Credit</b> Account [REDACTED]		Payment Type AGH		<b>Payment Info</b> Payment Amt 30000.00 Payment Date 12/12/2005 \$3.00		Total Amount: \$30003.00	
<b>Customer Information</b> Type Personal		<b>Account To Debit</b>		Routing Number 063113222 Confirmation # 1564377		Checking # [REDACTED]	
Cust. Name NES LLC Debit Address 457 MADISON AVE FL 4 Zip, City, State 10022 NEW YORK NY Phone# [REDACTED] Alternate Phone [REDACTED]		Bank Name, Phone COLONIAL BANK, NA (407) 444-2265 Address 4899 W LAKE MARY BLVD City, State, Zip LAKE MARY FL 32740		Debit Name [REDACTED] Joint Name [REDACTED]		Zip, City, State 10022 NEW YORK NY	
<b>Posting Details</b> Payee METV : 1 of 7 entered. \$30,000.00 total.		<b>User Info</b> Collector ID [REDACTED] Collector Group CSSUP Payment Entered On 12/12/2005 11:47:09 AM Payment Entered By EXTRANET Print Size METV		Bank \$ BANK CARD SERVICES \$ Curr. Coll. Status \$ Z \$ E-Mail Address \$ [REDACTED] Collector ID \$ [REDACTED] Caller ID \$ [REDACTED] \$ Restall Code \$ [REDACTED] \$			

*Electronic payment*

*posted 12-12-05*

AUG-16-2006 15:31



PO BOX 1111  
MADISON WI 53701-1111

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

COLONIAL BANK

ACCOUNT NUMBER	[REDACTED]
PAYMENT DUE DATE	12-11-05
AMOUNT DUE	\$587.00
CURRENT BALANCE	\$11,743.66

AMOUNT ENCLOSED  
\$ [REDACTED]

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

PLEASE MAKE CHECK PAYABLE  
TO BANKCARD SERVICES



IF YOU HAVE AUTHORIZED AUTOMATIC PAYMENTS...

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

Posting Date 2005 Dec 07  
Box No. 200  
Batch 2000005  
Seq No. 293  
Amount \$11,743.66  
Account No. [REDACTED]





PO BOX 1114  
MADISON WI 53701-1114

COLONIAL BANK  
CREDIT CARD PROCESSING CENTER  
PO BOX 305X  
MILWAUKEE WI 53201-3052

NES LLC  
CORPORATE ACCOUNT  
457 MADISON AVE FL 6  
NEW YORK NY 10022-6863

COLONIAL BANK

ACCOUNT NUMBER	[REDACTED]
PAYMENT DUE DATE	11-11-05
AMOUNT DUE	\$418.00
CURRENT BALANCE	\$4,380.93

AMOUNT ENCLOSED  
\$

PLEASE MAKE CHECK PAYABLE  
TO BANKCARD SERVICES



Please take payment copies as protection.

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE RETURN ENVELOPE.

Posting Date 2005 Nov 02

Box No. 200

Batch 2000036

Seq No. 211

Amount \$8,360.93

Account No. [REDACTED]

7804

10/26/2005

Jeffrey E. Spalding  
 6100 Red Hill Ct - Apt. 518-53  
 St. Thomas, VI 01102

COLLEEN M. HARRIS, MD  
 1000 BROAD ST  
 ANN ARBOR MI 48106

City of  
 State of

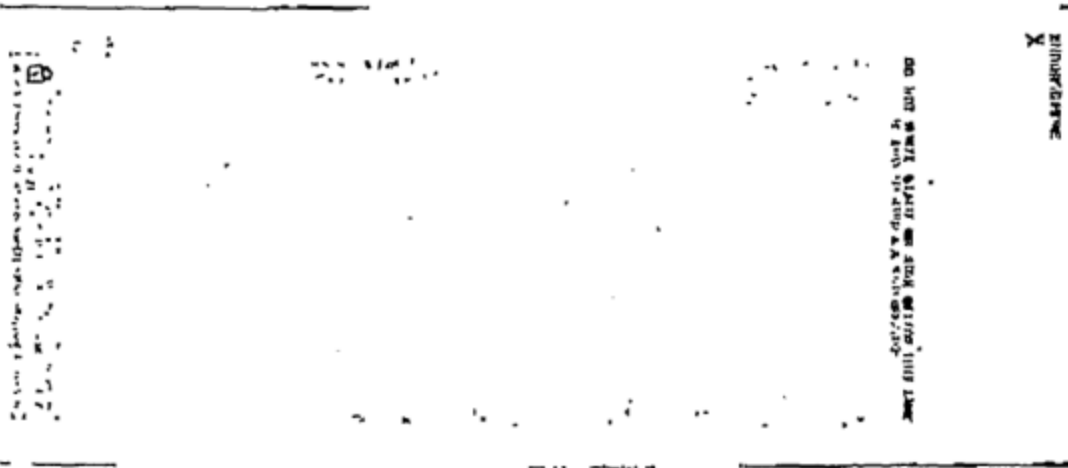
Merchant Service

\$ 8,360.93

Eight Thousand Three Hundred Sixty and 93/100

Colonial Bank  
 Credit Card Processing Center  
 PO Box 3632  
 Milledgeville, WI 31201-3632

10/26/2005 10:15 AM



Posting Date 2005 Nov 02

Box No. 200

Batch 2000036

Seq No. 212

Amount \$8,360.93

Account No. [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 10022-4043

COLONIAL BANK

ACCOUNT NUMBER	[REDACTED]
PAYMENT DUE DATE	10-11-08
AMOUNT DUE	\$436.00
CURRENT BALANCE	\$17,175.54

AMOUNT ENCLOSED  
\$

NOTE: PLEASE MAKE CHECK PAYABLE TO BANKCARD SERVICES

Please visit [www.colonialbank.com](http://www.colonialbank.com) for more information.

If you have authorized automatic payments, the payment amount that you have authorized (now balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE POSTAGE ENVELOPE.

Posting Date 2005 Oct 07  
 Box No. 200  
 Batch 2000033  
 Seq No. 249  
 Amount \$17,175.54  
 Account No. [REDACTED]

Jeffrey H. Epstein 8100 Red Bank Courtyard, Ste 8-3 Ft. Thomas, KY 41032		WELLS FARGO BANK, N.A. PO Box 3052 Milwaukee, WI 53201		7835
Pay to the Order of Bankcard Services		\$ 17,175.54		08/18/2008
Enclosed is One Hundred Seventy-Five and 54/100ths of a Dollar (\$17,175.54) in full payment of the account of the above named payee.				
Federal Reserve Bank Credit Card Processing Center PO Box 3052 Milwaukee, WI 53201-3052				
[Redacted Account Information]				

08/18/2008 08:34 FAX 868 223 2830

08/18/2008 08:34 FAX 868 223 2830

Posting Date: 2005 Oct 07

Box No. 200

Batch 2000033

Seq No. 250

Amount \$17,175.54

Account No. [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 10022-6043

COLONIAL BANK

ACCOUNT NUMBER	
PAYMENT DUE DATE	09-10-05
AMOUNT DUE	\$725.00
CURRENT BALANCE	\$18,000.99

AMOUNT ENCLOSED  
\$

PLEASE MAKE CHECK PAYABLE  
TO BANCKCARD SERVICES

Please send original receipt of postmark.

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

Posting Date 2005 Aug 31

Box No. 200

Batch 2000010

Seq No. 253

Amount \$15,893.99

Account No.

7742

Jeffrey E. Epstein  
 2100 Palm Beach Gardens Blvd #13  
 Ft. Thomas, WI 53001

COLONIAL BANKING INC  
 Palm Beach, FL 33480  
 561-832-2251

8/28/2005

Pay to the Order of Rockwell Services \$ 15,893.99

Fifteen Thousand Eight Hundred Ninety-Three and 99/100

Colonial Bank  
 Credit Card Processing Center  
 PO Box 3042  
 Milwaukee, WI 53201-3042

DUPLICATE FRONT

THIS CHECK IS VOID IF ANY OF THE FOLLOWING APPEAR: 1. A MICR LINE AT THE BOTTOM OF THE CHECK. 2. A CHECK NUMBER OTHER THAN 7742. 3. A CHECK DATE OTHER THAN 8/28/05.

Posting Date 2005 Aug 31  
 Box No. 200  
 Batch 2000010  
 Seq No. 254  
 Amount \$15,893.99  
 Account No. [REDACTED]



PO BOX 1111  
MADISON WI 53701-1111

COLONIAL BANK  
CREDIT CARD PROCESSING CENTER  
PO BOX 1052  
MILWAUKEE WI 53201-1052

MES LLC  
CORPORATE ACCOUNT  
457 MADISON AVE FL 9  
NEW YORK NY 10022-6843

COLONIAL BANK

ACCOUNT NUMBER	[REDACTED]
PAYMENT DUE DATE	08-12-05
AMOUNT DUE	\$1,000.00
CURRENT BALANCE	\$20,124.39

AMOUNT ENCLOSED  
\$

PLEASE MAKE CHECK PAYABLE  
TO BANKCARD SERVICES

Please call support at 1-800-368-3636

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

Posting Date 2005 Aug 03

Box No. 200

Batch 2000025

Seq No. 341

Amount \$20,124.39

Account No. [REDACTED]



PO BOX 1111  
MADISON WI 53701-1111

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

NGS LLC  
CORPORATE ACCOUNT  
457 MADISON AVE FL 4  
NEW YORK NY 10022-6893

COLONIAL BANK

ACCOUNT NUMBER	
PAYMENT DUE DATE	07-31-09
AMOUNT DUE	\$663.00
CURRENT BALANCE	\$11,259.46

AMOUNT DEBITED  
\$

NOTE: PLEASE MAKE CHECK PAYABLE TO BANKCARD SERVICES

Please use payment receipt as confirmation.

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the retail to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE PAYMENT BOX SHOULD APPEAR IN THE WINDOW OF THE POSTAGE ENVELOPE.

Posting Date 2005 Jul 12


Box No. 200

Batch 2000008

Seq No. 163

Amount \$11,259.46


Account No. [REDACTED]

Jeffrey M. Kestich 6100 East Westchester, Ste X-3 St. Thomas, VI 00802		CITIBANK BANK, NA Palm Beach, FL 33480 @-DIRECT		7605
		7/6/2005		
Order of <b>MasterCard Services</b>				\$11,259.46
Eleven Thousand Two Hundred Fifty Nine and 46/100				
Colonial Bank Credit Card Processing Center PO Box 2052 Millersville, WI 53001-2052				

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Posting Date 2005 Jul 12  
 Box No. 200  
 Batch 2000008  
 Seq No. 164  
 Amount \$11,259.46  
 Account No. 



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	08-10-05
AMOUNT DUE	\$712.00
CURRENT BALANCE	\$14,270.92

AMOUNT ENCLOSED  
\$ [REDACTED]

PLEASE MAKE CHECK PAYABLE  
TO BANKCARD SERVICES

If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

Posting Date 2005 Jun 13  
Box No. 200  
Batch 2000046  
Seq No. 225  
Amount \$14,370.92  
Account No. [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	05-13-06
AMOUNT DUE	\$778.00
CURRENT BALANCE	\$15,573.36

AMOUNT ENCLOSED  
\$

PLEASE MAKE CHECK PAYABLE  
TO BANKCARD SERVICES



If you have authorized automatic payments, the payment amount that you have authorized (new balance or minimum payment) will be debited two business days after the payment due date.

Payments received at other than the remit to address on the face of this statement may be subject to a delay in crediting of up to 5 days after the date of receipt.

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

Posting Date 2005 May 06  
 Box No. 200  
 Batch 2000028  
 Seq No. 79  
 Amount \$15,573.36  
 Account No. [REDACTED]

<b>Jeffrey E. Kyrstin</b> 6100 Red Hook Quarry, Ste B-3 St. Thomas, US VI 00801		COLONIAL BANK NATIONAL ASSOCIATION Palm Beach, FL 33480 83461470		7438
				4/29/2005
Pay to the Order of <u>Bankcard Services</u>				\$15,573.36
Fifteen Thousand Five Hundred Seventy-Three and 36/100 <span style="float: right;">Dollars</span>				
Colonial Bank Credit Card Processing Center PO Box 3052 Milwaukee, WI 53201-3052				

X  
ENDORSEMENT

DO NOT WRITE BEHIND OR OVER ANY OF THESE LINES  
WHEN ENDORSING OR SIGNING

Posting Date 2005 May 06

Box No. 200

Batch 2000028

Seq No. 80

Amount \$15,573.36

Account No. XXXXXXXXXX

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

facsimile transmittal

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

---

From: [REDACTED]/Colonial Bank Date: **1/12/2005**

---

Re: **Limit Increase** **2**

---

CC:

---

Urgent     For Review     Please Comment     Please Reply     Please Recycle

ATTENTION: [REDACTED]

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

[REDACTED]  
Merchant Services  
Colonial Bank  
[REDACTED]

M&I Data Services  
EFD Card Services

COMMERCIAL CARD PRODUCTS  
COMPANY SET-UP

FOR EFD USE ONLY

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

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

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: (212) 750-1176  
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):  6  10  16  20  25  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 \$ \_\_\_\_\_ will be assessed for the first \_\_\_\_\_ to \_\_\_\_\_ card(s) issued, \$ \_\_\_\_\_ per card if \_\_\_\_\_ to \_\_\_\_\_ cards are 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)
<input type="checkbox"/> Annual Fees	N/A	_____	_____	_____	_____
<input type="checkbox"/> Airline	N/A	_____	_____	_____	_____
<input type="checkbox"/> Car Rental	N/A	_____	_____	_____	_____
<input type="checkbox"/> Lodging	N/A	_____	_____	_____	_____
<input type="checkbox"/> Restaurant	N/A	_____	_____	_____	_____

Client-Defined

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

Financial Institution Name: PB N B Agent #: \_\_\_\_\_ Bank #: 1559 Branch #: \_\_\_\_\_  
Authorized Signer: \_\_\_\_\_ Date: 8-21-01  
233-102 MIDSbc (05/00)

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 410 Account Spending analysis (month end, detail, standard reporting categories)

    TBR 200 Unit Cycle Statistics (month end, detail)                      TBR 700 Annual Account analysis (annual, detail)

    TBR 210 Account Listing (cycle, detail)                      TBR 710 Annual Spending Analysis (annual, detail, standard pricing categories)

    TBR 400 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: \_\_\_\_\_ Company ID # \_\_\_\_\_ (Depth Reporting Level 0)

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 #:	
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: PB                      Agent #: \_\_\_\_\_ Bank #: 1559

Authorized Signature: \_\_\_\_\_ Date: 8-21-01

233-106 MIDSbc (04/00)

Please indicate Commercial Card Product type:

VISA  Business  MasterCard  Corporate  Purchasing

Company Name: NES LLC Company Number: \_\_\_\_\_

Corporate Account: \_\_\_\_\_ Agent: 1534

SECTION 1 - AUTHORIZED USERS

*only for Purchasing Card*

Name [REDACTED]	Credit Line <u>10,000.</u>	Cash Advance Capability † "D" or % of Limit <u>0</u>	Pin Y/N <u>(N)</u>	Reporting Unit (Optional) 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) <u>N/A</u>	Home telephone # (Optional) ( )	Account Number (Bankcard Use)
--------------------------------	---	------------------------------------	-------------------------------

Cardholder billing address (Optional - if not complete will default to Corporate billing address):	City	State	ZIP Code
--	------	-------	----------

Special Handling Instructions:  Federal Express  Bulk Shipment

Plastic address if different from Cardholder billing address:	City	State	ZIP Code
---	------	-------	----------

Name [REDACTED]	Credit Line <u>10,000.</u>	Cash Advance Capability † "D" or % of Limit <u>0</u>	Pin Y/N <u>(N)</u>	Reporting Unit (Optional) 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 (Bankcard Use)
--------------------------------	-----------------------------------	------------------------------------	-------------------------------

Cardholder billing address (Optional - if not complete will default to Corporate billing address):	City	State	ZIP Code
--	------	-------	----------

Special Handling Instructions:  Federal Express  Bulk Shipment

Plastic address if different from Cardholder billing address:	City	State	ZIP Code
---	------	-------	----------

Name [REDACTED]	Credit Line <u>5,000.</u>	Cash Advance Capability † "D" or % of Limit <u>0</u>	Pin Y/N <u>(N)</u>	Reporting Unit (Optional) 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 (Bankcard Use)
--------------------------------	-----------------------------------	------------------------------------	-------------------------------

Cardholder billing address (Optional - if not complete will default to Corporate billing address):	City	State	ZIP Code
--	------	-------	----------

Special Handling Instructions:  Federal Express  Bulk Shipment

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: PBIB Date: 8-21-01

Authorized Signature: [REDACTED] Bank #: 1534

233-107 MIDSbc (5/99) A/P Tracking Number: \_\_\_\_\_

(Please Print)

First Request  Follow-up to Verbal Request

Account No. [Redacted]

Name [Redacted]

Business Name N&S 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 Fourth Floor  
457 Madison Avenue  
New York NY 10022

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

Date 10-12-01 Approved By [Redacted]

File Number \_\_\_\_\_ Agent No. \_\_\_\_\_

FOR BANKCARD USE ONLY  
Account # \_\_\_\_\_  
Name Line 1 \_\_\_\_\_  
Code \_\_\_\_\_ Date \_\_\_\_\_  
Keyed by \_\_\_\_\_ Verified by \_\_\_\_\_  
PSC DOC # \_\_\_\_\_

MONETARY CHANGES

Limit Increase to \$ \_\_\_\_\_ (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 \$ \_\_\_\_\_  
Send Card  Normal Delivery - 7 - 10 days  
(Check One):  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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTION

Phone # [Redacted]  
~~REMOVE CARDHOLDER~~  
\_\_\_\_\_  
\_\_\_\_\_

Saved 10-12-01  
Financial Institution PBUB

Print Name of Authorized Signer \_\_\_\_\_



**PALM BEACH NATIONAL BANK  
& TRUST COMPANY**

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

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Fax Transmission cover Sheet

Date: 11/15/01

To: Credit Services 608-240-7496  
(Applications and Business card maintenance)

Sender: [REDACTED]

Re: NES LLC

---

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

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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

Account # \_\_\_\_\_  
Name \_\_\_\_\_

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

Date 11-15-01 Approved By \_\_\_\_\_  
File Number \_\_\_\_\_ Agent No. \_\_\_\_\_

**FOR BANKCARD USE ONLY**

Account # \_\_\_\_\_  
Name Line 1 \_\_\_\_\_  
Code \_\_\_\_\_ Date \_\_\_\_\_  
Keyed by \_\_\_\_\_ Verified 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  
(Check One):  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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Institution PBWB  
Print Name of Authorized Signer \_\_\_\_\_

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  Purchasing

Company Name: NES, LLC Company Number: \_\_\_\_\_ 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*
[REDACTED]	5,000-	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
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*
[REDACTED]										
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*
[REDACTED]										
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: PBWB Agent # [REDACTED] Bank # 1559  
 Authorized Signature: \_\_\_\_\_ Date: 11-15-01

233-107 MIDSbc (04/00)

*Rate Code 1*



TCSI 001 CODE IGB ACCT ██████████ CYCLE 16 AGENT ████████ TBR  
 BALANCE 23966.57 LIMIT \$25000 AVAILABLE \$979 PAYMENT DUE 699.00 0  
 PAST DUE # 1 0 0 0 0 0 0 0 PAST DUE \$0 0 101601 00  
 PAST DUE \$ 0 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 000000000 OTHER CARDHOLDER ██████████  
 PAYMENT 111401 6483.89 CREDIT 120401 PURCHASE 120401 CASH ADVANCE 000000  
 N1 NES LLC \*\*CORPORATE BILL - CORPORATE ACCOUNT  
 N2 CORPORATE ACCOUNT  
 A1 457 MADISON AVE FL 4  
 A2  
 CS NEW YORK NY 10022-██████ \*\*OLD  
 H 0000000000 B ██████████ HOLD N 000 \*\*ACCOUNT IS CURRENT

(Please Print)

First Request  Follow-up to Verbal Request

Account No. [Redacted]

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

Date 2/6/01 Approved By [Redacted]  
File Number \_\_\_\_\_ Agent No. \_\_\_\_\_ Print Name of Authorized Signer [Redacted]

**FOR BANKCARD USE ONLY**

Account # \_\_\_\_\_  
Name Line 1 \_\_\_\_\_  
Code \_\_\_\_\_ Date \_\_\_\_\_  
Keyed by \_\_\_\_\_ Verified 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 \$ \_\_\_\_\_  
Send Card  Normal Delivery - 7 - 10 days  
(Check One):  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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTIONS**

Rush  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please Print)

First Request  Follow-up to Verbal Request

Account # \_\_\_\_\_

Name \_\_\_\_\_

Business Name \_\_\_\_\_

FOR BANKCARD USE ONLY

Account # \_\_\_\_\_

Name Line 1 \_\_\_\_\_

Code \_\_\_\_\_ Date \_\_\_\_\_

Keyed by \_\_\_\_\_ Verified by \_\_\_\_\_

PSC DOC # \_\_\_\_\_

FOR MARITAL PROPERTY STATES ONLY

Married  Not Married  Legally Separated

Name and Address of Spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONETARY CHANGES

Limit Increase to \$ \_\_\_\_\_ (whole dollar only)

Limit Decrease to \$ 25,000. (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

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARD/PIN ISSUANCE

Order New Card for \_\_\_\_\_

Charge Cardholder Replacement Card Fee of \$ \_\_\_\_\_

Send Card  Normal Delivery - 7 - 10 days

(Check One):  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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FREETEXT MESSAGES / MISCELLANEOUS INSTRUCTIONS

RISK MANAGEMENT/COLLECTIONS

Restrict Account - R9

Erase Past-Due Status

Restrict ATM Access

# times 1 - 30 \_\_\_\_\_

List on Exception File

31 - 60 \_\_\_\_\_

Zero Cards to Reissue

61 - 90 \_\_\_\_\_

Stop Interest

91 - 120 \_\_\_\_\_

Stop Late Charge

Erase All \_\_\_\_\_

Fix Payment \$ \_\_\_\_\_ on \_\_\_\_\_

Re-Age Account

Minimum Payment \$ \_\_\_\_\_

Remove R-9 Restrictions

Date 12-7-01 Approved \_\_\_\_\_

File Number \_\_\_\_\_ Agent Name \_\_\_\_\_

Financial Institution PBNI

Name of Authorized Signer \_\_\_\_\_

A/P Tracking Number:

**CIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT INFORMATION**

VISA  MasterCard  
 Business  Corporate  Purchasing  
 Company Number: Corporate Account: [REDACTED]

Account Capability Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional) ( )			Account Number (EFD Use)				
City		State		ZIP Code			

City		State		ZIP Code			
------	--	-------	--	----------	--	--	--

Account Capability Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional) ( )			Account Number (EFD Use)				
City		State		ZIP Code			

City		State		ZIP Code			
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Account Capability Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
Home telephone # (Optional) ( )			Account Number (EFD Use)				
City		State		ZIP Code			

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

**PBRUB** Agent # [REDACTED] Bank # 1559  
 Date: 12-18-01

NO.	MODE	BOX	GROUP
060	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
12/18 16:34	00:28"	M81 APPLICATIONS	001/001	OK		00000

MESSAGE CONFIRMATION

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

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                       Purchasing

Company Name: NES LLC

Company Number:

Corporate Account:

### SECTION I – AUTHORIZED USERS

Name <u>Valdson Cotrin</u>	Credit Line <u>3,000</u>	Cash Advance Capability † "D" or % of Limit <u>0</u>	Pin Y/N <u>Y</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 (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:

Authorized Signature:

[Redacted Signature]

PBNLB

Agent #

Date:

[Redacted Agent #]

12-18-01

Bank #

1559

233-107 MIDSbc (04/02)

Rate Code I

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

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Fax Transmission cover Sheet

Date: 03/14/02

To: Credit Services 608-240-7496  
(Applications and Business card maintenance)

Sender: [REDACTED]

Re: Nes,LLC

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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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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 Services

**CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES**

Account Number: [REDACTED]  
Name: [REDACTED]  
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: RBNB Date: 3-14-02  
Authorized Signature: [REDACTED] Bank # 1559 Agent # [REDACTED]  
Print Name: [REDACTED] Telephone # [REDACTED] Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**

Metavante Corporation  
Credit Card Services

CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES

Account Number: [REDACTED]

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 \$ 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: BBNB Date: 3-14-02  
 Authorized Signature: [REDACTED] Bank # 1559 Agent # [REDACTED]  
 Print Name: [REDACTED] Telephone # [REDACTED] Ext. \_\_\_\_\_

For Metavante Use Only

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
 Verification \_\_\_\_\_ Date \_\_\_\_\_

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605

Metavante Corporation  
Credit Card Services

**CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES**

Account Number: [Redacted]  
Name: [Redacted]  
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 \$ 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: PBUB Date: 3-14-02  
Authorized Signature: [Redacted] Bank # 1559 Agent # [Redacted]  
Print Name: [Redacted] Telephone # [Redacted] Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

233-099b MIDSbc (12/01)

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**



2nd Request 1-28-02

A/P Tracking Number:

Metavante Corporation  
Credit Card Services

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

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: PBUB

Date: 1-24-02

Authorized Signature: \_\_\_\_\_

Bank # 1559 Agent # \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

233-099a MIDSbc (12/01)

Fax to Account Processing, 608-240-7605

Metavante Corporation  
Credit Card Services

### CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # 4470115340005601  
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 \_\_\_\_\_
- 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

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: PBNB  
Authorized Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
233-099a MIDSbc (12/01)

Date: 1-9-07  
Bank # 1559 Agent # \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax to Account Processing, 608-240-7605

TCSI 001 CODE IGB ACCT [REDACTED] CYCLE 16 AGENT 1534 TI  
 BALANCE 10258.26 LIMIT \$25000 AVAILABLE \$1317 PAYMENT DUE 424.00  
 PAST DUE # 1 0 0 0 0 0 0 PAST DUE \$0 0 101601 00  
 PAST DUE \$ 0 0 0 0 0 0 0 0 0 VISAPHONE 1  
 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 12060  
 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 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 > > > > > > 67108000000000  
 CHECKING SAVINGS INSTALLMENT LOAN  
 TRANSIT/ROUTING 000000000 OTHER CARDHOLDER [REDACTED]  
 PAYMENT 011602 1676.46 CREDIT 011502 PURCHASE 012302 CASH ADVANCE 000000  
 N1 NES LLC \*\*CORPORATE BILL - CORPORATE ACCOUNT  
 N2 CORPORATE ACCOUNT  
 A1 457 MADISON AVE FL 4  
 A2  
 CS NEW YORK NY [REDACTED] 10022-[REDACTED] \*\*OLD  
 H 0000000000 B [REDACTED] HOLD N 000 \*\*ACCOUNT IS CURRENT

5221

R  
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```

=====
4470115340005213 NES LLC          457 MADISON AVE FL 4 000-00-000
1534      TBR CORPORATE ACCOUNT    NEW YORK NY          10022-6843
[REDACTED]                                [REDACTED]            000-00-000
1534      TBR NES LLC              NEW YORK NY          10021-4102
[REDACTED]                                [REDACTED]            000-00-000
1534      TBR NES LLC              NEW YORK NY          10021-4102
4470115340005247 [REDACTED]          [REDACTED]            000-00-000
1534      TBR NES LLC              NEW YORK NY          10021-4102
[REDACTED]                                [REDACTED]            000-00-000
1534      TBR NES LLC              NEW YORK NY          10022-6843
[REDACTED]                                [REDACTED]            000-00-000
1534      TBR NES LLC              NEW YORK NY          10022-6843
4470110000002634 NEST BUILDERS INC 1001 10TH CT        000-00-000
2534      TBR CORPORATE ACCOUNT    JUPITER FL          33477-9030
[REDACTED]                                [REDACTED]            000-00-000
2534      TBR NEST BUILDERS. INC    KISSIMMEE FL        34746-3651
4470115340005643 NEW YORK BAR AND GRILL 12189 US HIGHWAY 1  000-00-000
3534      TBR CORPORATE ACCOUNT    NORTH PALM BEACH FL 33408-2684
[REDACTED]                                [REDACTED]            000-00-000
3534      V4 TBR NEW YORK BAR AND GRILL NORTH PALM BEACH FL 33408-2684
=====
    
```

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

CUSTOMER PROFILE - BALANCE SUMMARY

NEXT = PAGE 1  
03/29/02 08:48:47

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
		BIRTH		

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 - PF PAGE OR USE OPERATOR LOGICAL PAGING COMMANDS



A/P Tracking Number:

Metavante Corporation  
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE  
Account Record, Card, PIN

Acct # [Redacted]  
Name [Redacted]  
Business Name Nes LLC - [Redacted]

For Marital Property States Only  
 Married  Not Married  Legally Separated

Spouse's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

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 457 Madison Ave FL4  
City, State, ZIP NEW YORK, NY 10022
- 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

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 \_\_\_\_\_

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: BBUS Date: 1-25-02  
Authorized Signature: \_\_\_\_\_ Bank # 1559 Acct # \_\_\_\_\_  
Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_  
233-099a MIDSbc (12/01)

Fax to Account Processing, 608-240-7605

Metavante Corporation.  
Credit Card Services

**CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES**

Account 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: PBWB

Date: 3-29-02

Authorized Signature: [REDACTED]

Bank # 1559

Agent # [REDACTED]

Print Name: [REDACTED]

Telephone # [REDACTED]

Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_  
Verification \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

233-099b MIDSbc (12/01)

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**

Metavante Corporation  
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE  
Account Record, Card, PIN

Acct # [Redacted]  
Name [Redacted]  
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 \_\_\_\_\_
- 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

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 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: BBB      Date: 4-17-0  
Authorized Signature: [Redacted]      Bank # 1559      Agent # [Redacted]  
Print Name: [Redacted]      Telephone: [Redacted]      Ext. \_\_\_\_\_

Fax to Account Processing, 608-240-7605

A/P Tracking Numbers

**Metavante Corporation**  
**Credit Card Services**

**CREDIT 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 \$ 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: [REDACTED] Date: 4-10-2002  
 Authorized Signature: [REDACTED] Agent # [REDACTED]  
 Print Name: [REDACTED] Ext. [REDACTED]

**For Metavante Use Only**  
 Completed by \_\_\_\_\_ Date \_\_\_\_\_  
 Verification \_\_\_\_\_ Date \_\_\_\_\_

233-0995 MID5bc (12/01)

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**

\*\*\* SUCCESSFUL TX NOTICE \*\*\*

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

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

MEMORY TRANSMISSION REPORT



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: [REDACTED] Date: 4-10-02  
Authorized Signature: PBNBT [REDACTED] Bank # 1559 Agent # [REDACTED]  
Print Name: [REDACTED] Telephone # [REDACTED] Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605



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

Purchasing

Company Name: NCS, LLC

Company Number:

Corporate Account:

## SECTION I – AUTHORIZED USERS

No.	Credit Line	Cash Advance Capability †		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[REDACTED]	4,000.	100	[X]					
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:

No.	Credit Line	Cash Advance Capability †		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[REDACTED]	2,000.	100%	[X]					
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:

No.	Credit Line	Cash Advance Capability †		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[REDACTED]								
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: PBWB Agent # [REDACTED] Bank # 1559

Authorized Signature: [REDACTED] Date: 7-11-02

Metavante Corporation  
Credit Card Services

**CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES**

Account Number: [REDACTED]  
Name: [REDACTED]  
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 \$ 2,000
- 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
- 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: [REDACTED] Bank # \_\_\_\_\_ Agent # \_\_\_\_\_  
Print Name: [REDACTED] Telephone # [REDACTED] Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

Metavante Corporation  
Credit Card Services

Keyed by:

A/P Tracking Number:

**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	Credit Line	Cash Advance Capability <input checked="" type="checkbox"/>		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[Redacted]	4,000	0%	N					

Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number (Metavante Use)
		( )	

Cardholder billing address	City	State	ZIP Code
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Special Handling Instructions:  Federal Express

Plastic address if different from Cardholder billing address:	City	State	ZIP Code
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Name	Credit Line	Cash Advance Capability <input checked="" type="checkbox"/>		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[Redacted]	4,000	0%	N					

Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number (Metavante Use)
		( )	

Cardholder billing address	City	State	ZIP Code
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Special Handling Instructions:  Federal Express

Plastic address if different from Cardholder billing address:	City	State	ZIP Code
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Name	Credit Line	Cash Advance Capability <input checked="" type="checkbox"/>		Reporting Unit (Optional)		General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
		"D" or % of Limit	Pin Y/N	Div. ID	Div. Name			
[Redacted]								

Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number (Metavante Use)
		( )	

Cardholder billing address	City	State	ZIP Code
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Special Handling Instructions:  Federal Express

Plastic address if different from Cardholder billing address:	City	State	ZIP Code
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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>Colonial Bank</u>	Agent #	Bank #
Authorized Signature: [Redacted]	Date: <u>5/16/03</u>	

Code: \_\_\_\_\_ Date: \_\_\_\_\_ Keyed by: \_\_\_\_\_ A/P Tracking Number: \_\_\_\_\_

**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 1 – AUTHORIZED USERS**

Name [REDACTED]	Credit Line 3,000	Cash Advance Capability "D" or % of Limit    Pin Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name	Credit Line	Cash Advance Capability "D" or % of Limit    Pin Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name	Credit Line	Cash Advance Capability "D" or % of Limit    Pin Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name	Credit Line	Cash Advance Capability "D" or % of Limit    Pin Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	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: \_\_\_\_\_ 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: Chase Bank      Agent # [REDACTED]      Bank # 1559  
Authorized Signature: \_\_\_\_\_      Date: 12/31/03



Please indicate Commercial Card Product type:

VISA                       MasterCard  
 Business                       Corporate                       Purchasing

Company Name: NCS, LLC                      Company Number:                      Corporate Account:

SECTION 1 - AUTHORIZED USERS

Name <u>Alfredo Rodriguez</u>	Credit Line <u>2,500</u>	Cash Advance Capability "D" or % of Limit    Pin    Y/N <input checked="" type="checkbox"/>	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 <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: <input type="checkbox"/> Federal Express								
Plastic address if different from Cardholder billing address:			City	State	ZIP Code			

Name 	Credit Line <u>1,000</u>	Cash Advance Capability "D" or % of Limit    Pin    Y/N <input checked="" type="checkbox"/>	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 <u>SAME</u>			City	State	ZIP Code			
Special Handling Instructions: <input type="checkbox"/> Federal Express								
Plastic address if different from Cardholder billing address:			City	State	ZIP Code			

Name <u>Luciano Fontanilla</u>	Credit Line <u>1,000</u>	Cash Advance Capability "D" or % of Limit    Pin    Y/N <input checked="" type="checkbox"/>	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 <u>SAME</u>			City	State	ZIP Code			
Special Handling Instructions: <input type="checkbox"/> 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: Colonial Bank                      Agent #                      Bank # 1534  
 Authorized Signature:                      Date: 9/22/04

COLONIAL BANK

\*\* Transmit Conf. Report \*\*

P.1

Sep 22 2004 15:59

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

Code: Date: Keyed by:

Metavante Corporation  
Credit Card Services

COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT

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

Company Name: NES, LLC Company Number: Corporate Account:

SECTION 1 - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Reporting Unit (Optional) Div. ID Div. Name Dept. ID Dept. Name
<u>Alfredo Rodriguez</u>	<u>2,500</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number
	[REDACTED]	( )	
Cardholder billing address	City	State	Zip
<u>457 Madison Ave, Fourth Floor</u>	<u>New York</u>	<u>N. Y.</u>	
Special Handling Instructions:	<input type="checkbox"/> Federal Express		
Plastic address if different from Cardholder billing address:	City	State	Zip

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Reporting Unit (Optional) Div. ID Div. Name Dept. ID Dept. Name
[REDACTED]	<u>1,000</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number
	[REDACTED]	( )	
Cardholder billing address	City	State	Zip
<u>SAME</u>			
Special Handling Instructions:	<input type="checkbox"/> Federal Express		
Plastic address if different from Cardholder billing address:	City	State	Zip

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Reporting Unit (Optional) Div. ID Div. Name Dept. ID Dept. Name
<u>Luciano Fontanilla</u>	<u>1,000</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number
	[REDACTED]	( )	
Cardholder billing address	City	State	Zip
<u>SAME</u>			
Special Handling Instructions:	<input type="checkbox"/> Federal Express		
Plastic address if different from Cardholder billing address:	City	State	Zip

\* 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 Agent # [REDACTED] Bar  
Authorized Signature: [REDACTED] Date: 9/22/04

# EXCEPTION CARD

TYPE CARD ACCOUNT NUMBER DATE USER NUMBER  
**PRERISSUE** [REDACTED] **07-01-03** **000** [REDACTED]

NAME AND ADDRESS [REDACTED] <b>NEW YORK NY 10022-6843</b>		TOTAL DUE \$ <b>.00</b>	PAST DUE \$ <b>.00</b>	NO. OF TIMES PAST DUE CHANGE <b>000</b>	LISTINGS
HOME TELEPHONE [REDACTED] BUSINESS TELEPHONE [REDACTED] CURRENT PAYMENT # - MIN. P. - FIXED \$ <b>.00M</b>		PAST DUE AMOUNT BY RANGE OF DAYS			
AUTHORIZED USERS: [REDACTED] NO. CARDS ISSUED: <b>1</b> EXPIRES: <b>08/03</b>		RELATED ACCOUNT NUMBER [REDACTED]			

AGENT	CYCLE	OFFICER	TYPE	CREDIT SCORE	CREDIT RATING
<b>1534</b>	<b>169999</b>	<b>B</b>			<b>V9</b>

CURRENT BALANCE	CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY							
\$ <b>0</b>	\$ <b>2000</b>	\$ <b>7805</b>		PURCHASES	CASH ADVANCES	PAYMENTS	CREDITS				
CREDIT AVAILABLE	OVERLIMIT	LAST CREDIT LINE INCREASE DATE	OFFICER	MONTH	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	AMOUNT
\$ <b>2000</b>	<b>0</b>	<b>11-01</b>	<b>17371</b>								
Statement History		PREVIOUS YEAR	CURRENT YEAR								
12 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12	<b>05</b>								
In Billing Cycle		XXXXXXXXXXXXXXXX	XXXXXX								
Statement Printed		XXX									
Overlimit											
Past Due 1-30											
31-90											
91-90											
91+											

Number of Statements Since Account Opens: **7** Date of Last Statement: **03/02** LAST PAYMENT: **.00** Date of Last Payment: **000000** OP-082101 | SS-00000000

COLLECTION	DATE	TYPE OF MESSAGE	COLLECTION MESSAGES	FREE TEXT MESSAGES
1			UNDY	
2	01/28/02		999999 *** LTR 1534 000059	
3				
4	01/28/02		909888 *CLSD ACCOUNT PER ANN L/BANK SBUNDY	
5				
6	11/16/01		909888 *DECRSE LIMIT FROM \$1000 PER ANN L/BANK SBUNDY	
7				
8	10/04/01		423002 *USE SEEMS OK	
9	09/14/01		423002 *MONITOR	
10	09/13/01		423017 *MONITOR	
11	09/07/01		423015 *CONT TO MONITOR	
12	09/07/01		423015 *MONITOR	
13	09/07/01		423004 *MONITOR	
14	09/07/01		423003 *MONITOR	
15	09/07/01		423007 *CH CLD, VERF'D USE. R MVD NR	
16				
17	09/07/01		423004 *HOLD NR	
18	09/07/01		423007 *LNTC W/FM a BP TO VER USE	
19				
20	09/06/01		423003 ***NR** NEED TO VERIFY	

NOTES

# EXCEPTION CARD

TYPE CARD ACCOUNT NUMBER DATE USER NUMBER  
**PREREISSUE** [REDACTED] **07-01-03** **000** [REDACTED]

NAME [REDACTED]		TOTAL DUE \$ <b>00</b>	PAST DUE \$ <b>00</b>	NO. OF TIMES PAID <b>000</b>	LISTINGS
NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		PAST DUE AMOUNT BY RANGE OF DAYS	1-10: <b>00</b> 11-45: <b>00</b> 46-90: <b>00</b> 91-120: <b>00</b> 121-150: <b>00</b> 151+: <b>00</b>		
HOME TELEPHONE	BUSINESS TELEPHONE	CURRENT PAYMENT M - A/R F - FIXED			
		\$ <b>00M</b>			

AUTHORIZED USERS: NO. CARDS ISSUED: **1** EXPIRES: **08/03** RELATED ACCOUNT NUMBER: [REDACTED]

CURRENT BALANCE: \$ **0** CREDIT LINE: \$ **3000** HIGHEST BALANCE: \$ **5332** DISPUTE: [REDACTED]

SIX MONTHS MONETARY HISTORY			
PURCHASES	CASH ADVANCES	PAYMENTS	CREDITS
NO AMOUNT	NO AMOUNT	NO AMOUNT	AMOUNT

Statement History	PREVIOUS YEAR	CURRENT YEAR	NOV
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	05	04
Statement Printed	XXXXXXXXXXXXXXXX	XXXXXX	03
Overlimit	XXXXXX		02
Past Due			01
31-60			12
61-90			
91+			

Number of Statements Since Account Opened: **9** Date of Last Statement: **06/7/02** LAST PAYMENT: **.00** Date of Last Payment: **000000** OP-082101 | SS-00000000

Coll. Factor	DATE	Type of Error	COLLECTION MESSAGES	FREE TEXT MESSAGES
1				
2	061302		909888 *CLSD ACCT PER ANN L/B	
3			ANK SBUNDY	
4	031402		909888 *DECREASE LIMIT PER AN	
5			N L/BANK SBUNDY	
6	012902		909888 *COA PER ANN L/BANK SB	
7			UNDY	
8	120601		423006 *MONITOR	
9	120601		423004 *MONITOR.	
10	120601		423004 *LMT DCLINE	
11	120601		423004 *LMT DECLINE	
12	110701		423017 *USE SEEMS OK.	
13	110301		423002 *MONITOR	
14	103001		999999 *PER REQ OF [REDACTED]	
15			FROM OFFICE DEPOT, REV AUTH	
16	103001		000000 *FOR 1373.75	
17	102401		423004 *USE SEEMS OK.	
18	102401		423017 *CONT TO MONITOR	
19	102301		423013 *MONITOR.	
20				

NOTES

Metavante Corporation  
Credit Card Services

CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES

Account Number: [Redacted]  
Name: [Redacted]  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Name: Nes

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: PBUB Date: 8-9-02  
Authorized Signature: [Redacted] Bank # 1559 Agent # [Redacted]  
Print Name: [Redacted] Telephone # [Redacted] Ext. \_\_\_\_\_

For Metavante Use Only

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

Metavante Corporation  
Credit Card Services

**CREDIT CARD COLLECTIONS  
AND MONETARY CHANGES**

Account Number: [Redacted]  
Name: [Redacted]  
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: PBNB [Redacted] Date: 8-9-02  
Authorized Sign: [Redacted] Bank # 1559 Agent # [Redacted]  
Print Name: [Redacted] Telephone # [Redacted] Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Verification \_\_\_\_\_ Date \_\_\_\_\_

233-099b MIDSbc (12/01)

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**

Metavante Corporation Crédit Card Services	<b>CREDIT CARD COLLECTIONS AND MONETARY CHANGES</b>
---	---

Account Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 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 \$ 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: PBNB \_\_\_\_\_ Date: 8-9-02  
 Authorized Signature: \_\_\_\_\_ Bank # 1559 Agent # \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
 Verification \_\_\_\_\_ Date \_\_\_\_\_

233-099b MIDSbc (12/01)

**Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605**

Metavante Corporation  
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # [Redacted]  
Name [Redacted]  
Business Name NES, LLC

For Marital Property States Only

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

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

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 \_\_\_\_\_

Insurance

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

Free Text Messages/Miscellaneous Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Institution Name: PBWB  
Authorized Signat [Redacted]  
Print Name: [Redacted]  
233-099a MIDSbc (12/01)

Date: 8-9-02  
Bank # 1559 Agent # [Redacted]  
Telephone: [Redacted] 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	<b>CREDIT CARD COLLECTIONS AND MONETARY CHANGES</b>
Account Number: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Street Address: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
City: _____ State: _____ ZIP: _____	
Business Name: <u>Des</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 \$ \_\_\_\_\_

Fik 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**

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Financial Institution Name: PBUB XXXXXXXXXX Date: 8-9-02

Authorized Signature: XXXXXXXXXX Bank # 1559 Agent # XXXXXXXXXX

Name: XXXXXXXXXX Telephone # XXXXXXXXXX Ext. \_\_\_\_\_

**For Metavante Use Only**

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Verification \_\_\_\_\_ Date \_\_\_\_\_

233-0990 MDSsc (12/01)

Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605

Metavante Corporation  
Credit Card Services

# CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # [REDACTED]  
Name [REDACTED]  
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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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: Colonial Bank

Date: 3/5/03

Authorized Signature: [REDACTED]

Bank # 1559

Agent # [REDACTED]

Print

Telephone: [REDACTED]

Ext. \_\_\_\_\_

Name: [REDACTED]

233-9994 MIVSbe (12/01)

