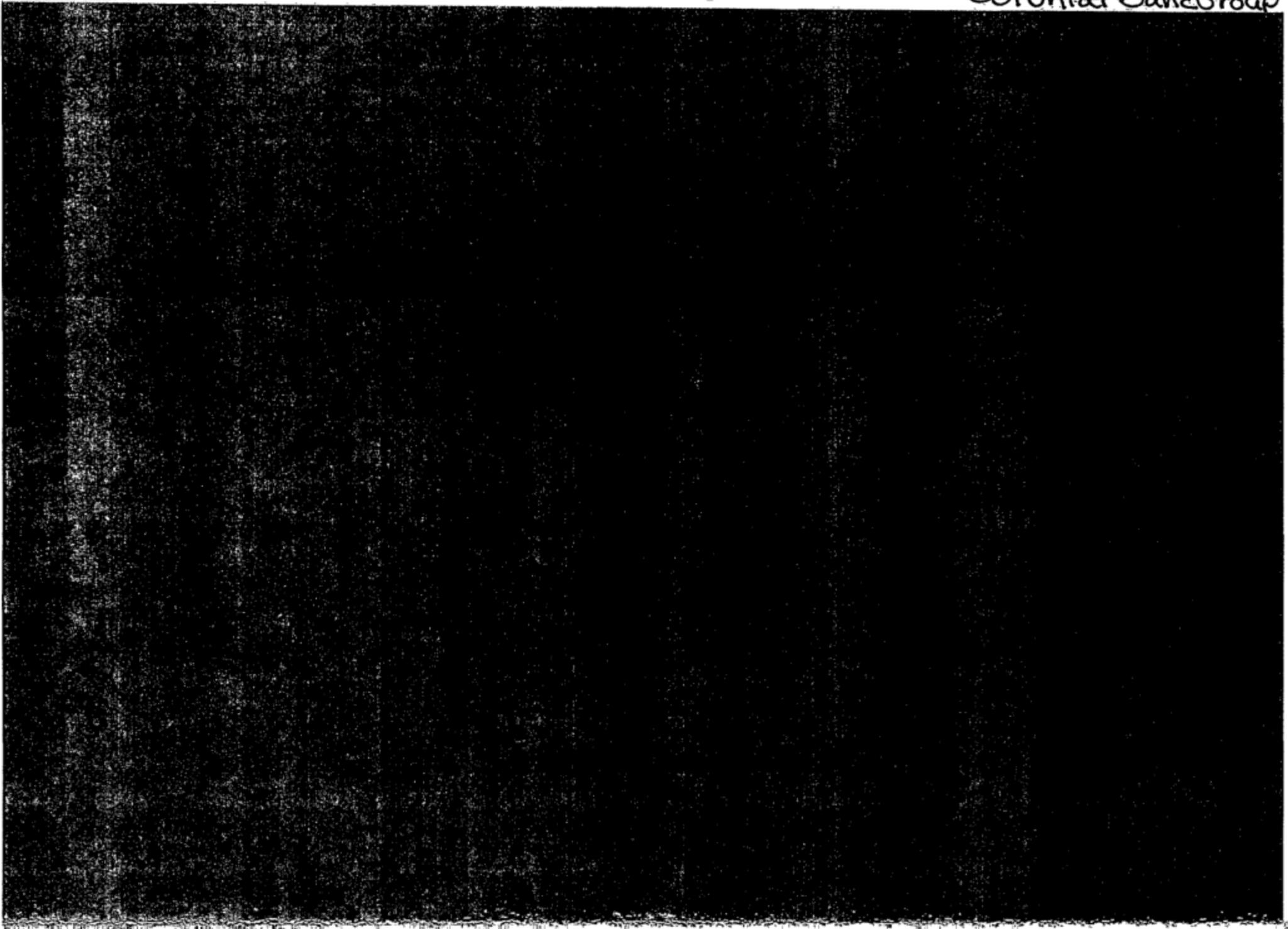


Colonial Banc Group





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	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	2428657812520809B100823	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 [REDACTED]	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

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 BANASIAR
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 BANASIAR [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
01-17	01-17	24928886017206144300558	NOTICE MEMO ITEMS LISTED BELOW 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 BANASJAR
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 BANASJAR [REDACTED]	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$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	24402696003900600300873	BELLA BLU NEW YORK NY	M160.13
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	M74.83
TOTAL AMOUNT OF MEMO ITEM(S):				\$2,849.42

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]	ACCOUNT SUMMARY	
	STATEMENT DATE	01/16/06		
	CREDIT LIMIT	\$2,000.00	PURCHASES & OTHER CHARGES	\$2,849.42
			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

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	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	24001765907318095690184	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	24403695913900591301359	MEDITERRANEO NEW YORK NY	M73.15
11-14	11-12	24418005918318240932309	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	\$2,196.02	\$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	24610435263072000003211	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	M14.90
TOTAL AMOUNT OF MEMO ITEM(S):				\$14.90

FOR CUSTOMER SERVICE OR LOST/STOLEN CARDS CALL TOLL FREE [REDACTED] [REDACTED] SEND INQUIRIES TO:	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 10/17/05	PURCHASES & OTHER CHARGES	\$2,196.02
	CREDIT LIMIT \$2,000.00	CASH ADVANCES	.00
		CASH ADVANCE FEES	nn

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



PO BOX 1111
MADISON WI 53701-1111

COLONIAL BANK
MEMO STATEMENT

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

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

N00473

CARDHOLDER SUMMARY

JANUSZ BANASJAR [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

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]

STATEMENT DATE

08/18/05

CREDIT LIMIT

\$2,000.00

ACCOUNT SUMMARY

PURCHASES & OTHER CHARGES	\$2,297.97
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

\$2,297.97

Page 1 of 1



**COLONIAL BANK
MEMO STATEMENT**

PO BOX 1111
MADISON WI 53701-1111

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

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT



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

N00478

CARDHOLDER SUMMARY

JANUSZ BANASJAR [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
08-27	06-26	24717055178581780123371	NOTICE MEMO ITEMS LISTED BELOW DELTA AIR 0062186044465 CINCINNATI OH DIFONZO/COLLEEN DEPARTURE DATE 06-27-05 PBI DL B LGA DL B PBI	M249.99
TOTAL AMOUNT OF MEMO ITEM(S):				\$249.99

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 \$249.99
	STATEMENT DATE	CASH ADVANCES .00
	07/18/05	CASH ADVANCE FEES .00
	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	\$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	M819.31		
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		

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	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

\$0.00

CREDITS

.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

\$3,000.00

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
60.00

CREDITS	.00
TOTAL ACTIVITY	\$1,878.31

Page 1 of 1





NO NON STOP
RECORDED BY 8804-4111
[Barcode]
CREDIT CARD PROCESSING CENTER
PO BOX 5000
MELROSE NH 03061-0500
MSB 111C
CORP ACCT ACCOUNT
400 MADISON AVE FL 4
NEW YORK NY 10022-4945

DELONVAL 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 a later date than the
date to which it is due may be subject to a
penalty of 1% to 5% above the face
amount.

THE COMPANY OR THE BANKING AND FINANCIAL INSTITUTION
IS NOT LIABLE FOR THE LOSS OF THIS CHECK.

PLEASE MAKE CHECK PAYABLE TO THE
CREDIT CARD PROCESSING CENTER

Form with fields for name, address, and account information. Includes a large blacked-out area for sensitive data.

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

Account To Credit Account: [REDACTED]		Payment Type: AGH		Payment Info Payment Amt: 19806.27 Payment Date: 6/20/2006 Total Amount: \$19,606.27	
Customer Information Cust. Name: NES LLC Debit Address: 457 MADISON AVE FL 4 Zip, City, State: 10022 NEW YORK NY Phone#: [REDACTED] Alternate Phone: [REDACTED]		Account To Debit 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	
Posting Details Payee: [REDACTED]		Debit Name: [REDACTED] Joint Name: [REDACTED]		Zip, City, State: 10022 NEW YORK NY	
User Info Collector ID: BZFGRCO Collector Group: CSSUP Payment Entered On: 6/20/2006 3:20:10 PM Payment Entered By: EXTRANET Print Site: METV		Bank: BANK CARD SERVICES \$ Curr. Coll. Status: Z \$ E-Mail Address: \$ Collector ID \$ Caller ID: \$ Result Code: [REDACTED]			

: 1 of 7 entered. \$19,606.27 total.

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

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

Electronic Payment

Posted 5-5-06

AUG-16-2006 15:30

P.33



NO POST OFFICE BOX
NO BUSINESS MAIL PERMIT

11111 11111 11111 11111 11111
CHRYL CARD PROCESSING CENTER
PO BOX 3232
MILWAUKEE WI 53201-0323

MYE LLC
CORPORATE ACCOUNT
417 MADISON AVE # 4
NEW YORK NY 10017-0004

COLONIAL BANK

ACCOUNT NUMBER [REDACTED]
PAYEE BY NAME DATE [REDACTED]
AMOUNT DATE [REDACTED]
PAYMENT BALANCE [REDACTED]

AMOUNT [REDACTED]

PLEASE PRINT NAME OF THE PAYEE
THE PAYEE'S ACCOUNT NUMBER

If you have authorized automatic payments, the payment amount that you have indicated on your debit or credit card payment will be debited from your account after the payment due date.

Payment received at once when the funds are available in the bank. All other payments may be subject to delay in crediting up to 5 days after the date of receipt.

The amount of the payment may include other items listed on the back of this check.

[REDACTED]

<p>Mye LLC 417 Madison Ave # 4 New York, NY 10017</p> <p>Check to Pay to the order of [REDACTED]</p> <p>Amount in figures \$ [REDACTED]</p> <p>Amount in words [REDACTED]</p> <p>Check date [REDACTED]</p> <p>Check bank Colonial Bank PO Box 3232 Milwaukee, WI 53201</p>	<p>3301</p> <p>11111 11111 11111 11111 11111</p> <p>11111 11111 11111 11111 11111</p>
--	---

<p>11111 11111 11111 11111 11111</p> <p>11111 11111 11111 11111 11111</p>	<p>11111 11111 11111 11111 11111</p> <p>11111 11111 11111 11111 11111</p>
---	---

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

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

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]

Jeffrey R. Epstein 5100 Red Hook Quarry, Ste D-3 St. Thomas, VI 00807		7970
DEPOSIT BANK, MA. P.O. Box 100, St. John 00801		11/29/2005
Pay to the Order of Banked Services		\$=11,743.66
Eleven Thousand Seven Hundred Forty-Three and 66/100		
Credit Bank Credit Card Processing Center PO Box 3052 Milwaukee, WI 53201-0052		
note		

Posting Date 2005 Dec 07
 Box No. 200
 Batch 2000005
 Seq No. 294
 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
6

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]

Jeffrey E. Spalding 6100 Red Hill Ct - Apt. 518-53 St. Thomas, VI 01102		COLLEEN M. SPALDING PO Box 2652 St. Thomas	7804
		10/26/2005	
Pay to the Order of	Mastercard Services	\$ 8,360.93	
Eight Thousand Three Hundred Sixty and 93/100			
Colonial Bank Credit Card Processing Center PO Box 3652 St. Thomas, VI 01102-3652			

DO NOT WRITE ABOVE OR BELOW THIS LINE
 IF YOU WRITE ABOVE OR BELOW THIS LINE
 YOUR CHECK WILL BE VOID

X
 SIGNATURE

Posting Date 2005 Nov 02

Box No. 200

Batch 2000036

Seq No. 212

Amount \$8,360.93

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 10022-4043

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 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 ENVELOPE 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 Hook Courtyard, Ste B-3 Ft. Thomas, KY 41032		WELLS FARGO BANK, N.A. P.O. Box 1000, Ft. Thomas, KY 41032		7835
<i>Pay to the Order of</i> Bankcard Services		NZ1/2005		\$ 17,175.54
Enclosed is One Hundred Seventy-Five and 54/100ths of a Dollar (\$17,175.54)				
Colonial Bank Credit Card Processing Center PO Box 3052 Milwaukee, WI 53201-0522				
[REDACTED]				

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 payment amount 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 Park Mall
 Suite 200
 St. Thomas, VI 01102

COLONIAL BANKING INC
 P.O. BOX 100
 ST. THOMAS, VI 01102

8/28/2005

Rockwell Services \$ 4,153,893.99

Fifteen Thousand Eight Hundred Ninety-Three and 99/100

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

DUPLICATE COPY

DO NOT SIGN THIS CHECK IF YOU ARE NOT THE PAYEE

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	08-12-06
AMOUNT DUE	\$1,006.00
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 see payment receipt at back of card.

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		\$11,259.46		
EIGHT THOUSAND TWO HUNDRED FIFTY NINE AND 46/100				
Colonial Bank Credit Card Processing Center PO Box 2002 Milwaukee, WI 53201-2002				

12
 11
 10
 9
 8
 7
 6
 5
 4
 3
 2
 1

12
 11
 10
 9
 8
 7
 6
 5
 4
 3
 2
 1

X
 1234567890

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

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 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]

Jeffrey E. Kyrstin 6100 Red Hook Quarry, Ste B-3 St. Albans, VT 05571		COLONIAL BANK NATIONAL ASSOCIATION Palm Beach, FL 33480 834151700		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 Dollars				
Colonial Bank Credit Card Processing Center PO Box 3052 Milwaukee, WI 53201-3052				

X
ENDORSEMENT

DO NOT WRITE BEHIND OR OVER MICROWAVE SAFE LINE
MICROWAVE SAFE/NEUTRALIZATION

Posting Date 2005 May 06
 Box No. 200
 Batch 2000028
 Seq No. 80
 Amount \$15,573.36
 Account No. [REDACTED]

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, 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)

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: PBUB 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: PBNB 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 FROM STATEMENTS~~

Card 10-12-01
PBUS

Print Name of Authorized Signer _____



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

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

Fax Transmission cover Sheet

Date: 11/15/01

To: Credit Services 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]

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: [REDACTED]

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-	0		Y							
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: PBWB Agent # [REDACTED] Bank # 1559
Authorized Signature: [REDACTED] Date: 11-15-01

Rate Code 1

TCSI 001 CODE IGB ACCT [REDACTED] CYCLE 16 AGENT [REDACTED] 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 [REDACTED]
 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-[REDACTED] **OLD
 H 0000000000 B [REDACTED] HOLD N 000 **ACCOUNT IS CURRENT

(Please Print)

First Request Follow-up to Verbal Request

Account # _____
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 _____
File Number _____ Agent No. _____ Print Name of Authorized Signer _____

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 # [Redacted]

Name [Redacted]

Business Name [Redacted]

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

Date 12-7-01 Approved _____
File Number _____ Agent Name [Redacted]

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 \$ 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

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

Financial Institution PBNS
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			
------	--	-------	--	----------	--	--	--

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			
------	--	-------	--	----------	--	--	--

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]

PBNB

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
[REDACTED]
00:02:00
04
OK
STANDARD
ECM



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

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

Fax Transmission cover Sheet

Date: 03/14/02

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

Sender: [REDACTED]

Re: Nes,LLC

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

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

Metavante Corporation
Credit Card 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 _____

Metavante Corporation
Credit Card Services

CREDIT CARD COLLECTIONS
AND MONETARY CHANGES

Account Number:

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 Signature]

Bank # 1559

Agent #

[Redacted Agent #]

Print Name:

Telephone #

[Redacted Telephone #]

Ext.

For Metavante Use Only

Completed by
Verification

Date
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]
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: PBNA 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 # [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

[Redacted]

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: [Redacted]

Bank # 1559 Agent # [Redacted]

Print Name: [Redacted]

Telephone: [Redacted] Ext. _____

233-099a MIDSbc (12/01)

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
CF
C
UP
DI
G
TE
P
P

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

Name

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 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: CBUS

Authorized Signature: _____

Print Name: _____

233-099a MIDSbc (12/01)

Bank # 1559

Date: 1-25-02

Acct # _____

Telephone: _____

Ext. _____

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

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 Signatures: [Redacted] Agent # [Redacted]
Print Name: [Redacted] Ext. [Redacted]

For Metavante Use Only
Completed by: [Redacted] Date: [Redacted]
Verification: [Redacted] Date: [Redacted]

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

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: NRS LLC

Company Number:

Corporate Account:

SECTION I - AUTHORIZED USERS

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

Cardholder billing address City State ZIP Code

Special Handling Instructions: Federal Express

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

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

Cardholder billing address City State ZIP Code

Special Handling Instructions: Federal Express

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

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

Cardholder billing address City State ZIP Code

Special Handling Instructions: Federal Express

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

* Visa Purchasing Card Options

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

Financial Institution Name: PBWB

Authorized Signature: _____

Agent # _____

Bank # 1559

Date: 4-10-02

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: PBNS 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
----------------------------	------	-------	----------

Special Handling Instructions: Federal Express

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

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
----------------------------	------	-------	----------

Special Handling Instructions: Federal Express

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

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
----------------------------	------	-------	----------

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: <u>Colonial Bank</u>	Agent #	Bank #
Authorized Signature: [Redacted]	Date: <u>5/16/03</u>	

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 457 Madison Ave, Fourth Floor City New York State N. Y. ZIP Code 10022

Special Handling Instructions: 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 SAME City State ZIP Code

Special Handling Instructions: 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 SAME 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: 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
	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	Gen
<u>Alfredo Rodriguez</u>	<u>2,500</u>	<input checked="" type="checkbox"/>		
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number	
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	Gen
	<u>1,000</u>	<input checked="" type="checkbox"/>		
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number	
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	Gen
<u>Luciano Fontanilla</u>	<u>1,000</u>	<input checked="" type="checkbox"/>		
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number	
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
PREREISSUE [REDACTED] **07-01-03** **000** [REDACTED]

NAME AND ADDRESS: [REDACTED]
NEW YORK NY 10022-6843

TOTAL DUE: \$.00
 PAST DUE: \$.00

PAST DUE AMOUNT BY RANGE OF DAYS:
 1-14: .00
 15-30: .00
 31-45: .00
 46-60: .00
 61-75: .00
 76-90: .00
 91-105: .00
 106-120: .00
 121-135: .00
 136-150: .00

HOME TELEPHONE: [REDACTED] BUSINESS TELEPHONE: [REDACTED] CURRENT PAYMENT: [REDACTED]

AUTHORIZED USERS: [REDACTED] NO. CARDS ISSUED: 1 EXPIRES: 08/03

RELATED ACCOUNT NUMBER: [REDACTED]

AGENT: 1534 CYCLE: 169999 OFFICER: B TYPE: V9

CURRENT BALANCE	CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY							
\$ 0	\$ 2000	\$ 7805		PURCHASES	CASH ADVANCES	PAYMENTS	CREDITS				
CREDIT AVAILABLE	OVERLIMIT	LAST CREDIT LINE INCREASE DATE	OFFICER	MONTH	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	AMOUNT
\$ 2000	\$ 0	11-01	17371	05							
Statement History				04							
PREVIOUS YEAR				03							
CURRENT YEAR				02							
Overlimit				01							
Past Due				12							
31-90											
61-90											
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	MESSAGE	FREE TEXT MESSAGES
1			UNDY	
2	01/28/02		999999 *** LTR 1534 000059	
3				
4	01/28/02		909888 *CLSD ACCOUNT PER ANN	
5			L/BANK SBUNDY	
6	11/16/01		909888 *DECRSE LIMIT FROM \$10	
7			000 PER ANN L/BANK SBUNDY	
8	1/00/01		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	
16			MVD NR	
17	09/07/01		423004 *HOLD NR	
18	09/07/01		423007 *LNTC W/FM a BP TO VER	
19			USE	
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 \$ 00	PAST DUE \$ 00	NO. OF TIMES PAID 000	LISTINGS
NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		PAST DUE AMOUNT BY RANGE OF DAYS	1-10 21-42 43-90 91-120 121-150 151+		
HOME TELEPHONE	BUSINESS TELEPHONE	CURRENT PAYMENT M - A/R F - FIXED			
		\$ 00M			

AUTHORIZED USERS	NO. CARDS ISSUED	EXPIRES	RELATED ACCOUNT NUMBER
	1	08/03	
AGENT CYCLE OFFICER TYPE CREDIT SCORE SPECIAL RATING 1534 169999 B V9			

CURRENT BALANCE	CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY			
\$ 0	\$ 3000	\$ 5332		PURCHASES	CASH ADVANCES	PAYMENTS	CREDITS
CREDIT AVAILABLE	OVERLIMIT	LAST CREDIT LINE INCREASE DATE OFFICER	MONTH	NO	AMOUNT	NO	AMOUNT
\$ 3000	\$ 0	03-02 17371					
Statement History	PREVIOUS YEAR	CURRENT YEAR	MONTH				
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12						
XXXXXXXXXXXXXXXX	XXXXXXXX						
Overlimit							
31-60							
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

LINE	DATE	TYPE	DESCRIPTION	AMOUNT
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	CREDIT CARD COLLECTIONS AND MONETARY CHANGES
---	---

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	CREDIT CARD COLLECTIONS AND MONETARY CHANGES
Account Number: XXXXXXXXXX	
Name: XXXXXXXXXX	
Street Address: XXXXXXXXXX	
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

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 MIDSec (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

Authorized Signature: [Redacted]

Print

Name: [Redacted]

211-9994 MIVSbe (12/01)

Bank # 1559

Telephone: [Redacted]

Agent # [Redacted]

Ext. _____

Date: 3/5/03

