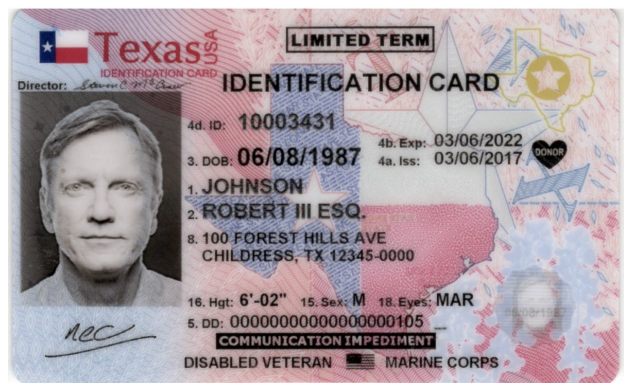


DOCUMENTS NEEDED TO FINANCE A VEHICLE WITH **WEST AUTO SALES**

1. PROOF OF IDENTIFICATION - DL, ID or Passport:

Documents can be expired but no longer than 1 year. Examples of accepted documentation:



```
00  12345678900000000000  987654321
```



SAMPLE BILL: Residential



Utility News

Bill Cycle 03

Read Dates

Next meter read date will be on or about 7/1/2015.

A leaky faucet can waste more than 3,000 gallons per year. Leaky faucets can be fixed by checking faucet washers and gaskets for wear and replacing them if necessary. If you are replacing a faucet, look for the WaterSense label.

The City of Austin will host a series of free composting classes throughout 2015. Join us to learn how you can compost your food scraps and yard trimmings to save money on your trash collection. For details, visit austintexas.gov/composting.

Outstanding utility bill balance? Set up monthly payment arrangements to keep your account in good standing. Call 512-494-9400 and a Customer Service Representative will assist you.

Choose 100% Texas wind energy and check out new, affordable 2015 pricing for GreenChoice. Visit austinenrgy.com/go/greenchoice to learn more.

Receiving benefits from a government assistance program? You may qualify for utility bill payment assistance. Call 512-494-9400.



Contact Information

View or Pay online: www.coautilities.com

Customer Service: 512-494-9400
or call toll free at 1-888-340-6465
TDD: 512-477-3663
Se Habla Español

To report an electrical **OUTAGE** call 512-322-9100 and enter your **PowerLink** number. The PowerLink number is displayed with your Electric Service on the bill.

Summary of Service

CUSTOMER, JOHN DOE
Service Address: 123 RESIDENTIAL BLVD
Account Number: 12345 60000
Invoice Number: 123456789

Bill Print Date Jun 3, 2015
Due Date Jun 22, 2015

Previous Activity/Charges

Total Amount Due at Last Bill \$104.18
Payment received - Thank you -\$104.18

Previous Balance \$0.00

Current Activity/Charges

Water Service \$43.41
Wastewater Service \$17.52
Clean Community Service \$7.40
Solid Waste Services \$17.80
Drainage Service \$9.80
Street Service + \$8.25

Current Balance \$104.18

If Payment is received after due date, a late fee will be assessed.

Total Amount Due \$104.18

Continued On Next Page



THE CITY IS COMPLYING WITH THE AMERICANS WITH DISABILITIES ACT.



Detach and include stub with your payment

P.O. Box 2267 Austin, TX 78783-2267

CUSTOMER, JOHN DOE
123 RESIDENTIAL BLVD
AUSTIN TX 78749-1270

Account: 12345 60000

Make Checks payable to City of Austin.
View or Pay online:
www.coautilities.com



Enter
contributions
and include
in Total Paid

Total Amount Due: \$104.18
Date Due: 06/22/15

Penalty After Date Due: \$3.05
Total Due After 06/22/2015: \$107.23
CAP Contribution: \$
Parks & Libraries Fund: \$
Public School Energy Asst.: \$

Total Paid: \$

CITY OF AUSTIN
P.O. BOX 2267
AUSTIN TX 78783-2267





TEXAS APARTMENT ASSOCIATION
MEMBERS

This Lease Contract is valid only if filled out before January 1, 2018.

Apartment Lease Contract

This is a binding contract. Read carefully before signing.

Date of Lease Contract: _____
(when this Lease Contract is filled out)

Moving In — General Information

1. **Parties.** This Lease Contract ("Lease") is between you, the resident(s) (*list all people signing the Lease*):

and us, the owner: _____

(name of apartment community or title holder). You are renting Apartment No. _____, at _____

(street address) in _____

(city), Texas _____ (zip code) for use as a private residence only. The terms "you" and "your" refer to all residents listed above or, in the event of a sole resident's death, to someone authorized to act for the estate. The terms "we," "us," and "our" refer to the owner listed above and not to property managers or anyone else. **Neither we nor any of our representatives have made any oral promises, representations, or agreements. This Lease is the entire agreement between you and us.**

2. **Occupants.** The apartment will be occupied only by you and (*list all other occupants not signing the Lease*):

—and no one else. Anyone not listed here cannot stay in the apartment for more than _____ consecutive days without our prior written consent, and no more than twice that many days in any one month. **If the previous space isn't filled in, 2 days total per month will be the limit.**

3. **Lease Term.** The initial term of the Lease begins on the _____ day of _____ (month), _____ (year), and ends at midnight the _____ day of _____ (month), _____ (year). After that, this Lease will automatically renew month-to-month unless either party gives at least _____ days' written notice of termination or intent to move out as required by Par. 36. **If the number of days isn't filled in, notice of at least 30 days is required.**

4. **Security Deposit.** The total security deposit for all residents is \$_____. due on or before the date this Lease is signed. This amount [*check one*]: ☐ does **or** ☐ does not include an animal deposit. Any animal deposit will be designated in an animal addendum. Security-deposit refund check and any deduction itemizations will be by [*check one*]:
☐ one check jointly payable to all residents and mailed to any one resident we choose, **or**
☐ one check payable to and mailed to _____

(specify name of one resident).

If neither option is checked here, the first option applies. See Par. 40 and 41 for security-deposit return information.

5. **Keys, Move-Out, and Furniture.** You'll be given _____ apartment key(s), _____ mailbox key(s), and _____ other access devices for _____.

Before moving out, you must give our representative advance written move-out notice as stated in Par. 36. The move-out date in your notice [*check one*]: ☐ must be the last day of the month, **or** ☐ may be the exact day designated in your notice. If neither option is checked here, the second applies. Any resident, occupant, or spouse who, according to a remaining resident's affidavit, has permanently moved out or is under court order not to enter the apartment, is (at our option) no longer entitled to occupancy, keys, or other access devices, unless authorized by court order. Your apartment will be [*check one*]: ☐ furnished **or** ☐ unfurnished.

6. **Rent and Charges.** You will pay \$_____ per month for rent, in advance and without demand [*check one*]:
☐ at the onsite manager's office
☐ through our online payment site
☐ at _____

Prorated rent of \$_____ is due for the remainder of the [*check one*]: ☐ 1st month **or** ☐ 2nd month, on the _____ day of _____ (month), _____ (year).

You must pay your rent on or before the 1st day of each month (due date). There is no grace period, and you agree that not paying rent on the 1st of each month is a material breach of this Lease. Cash is not acceptable without our prior written permission. You cannot withhold or offset rent unless authorized by law. We may, at our option, require at any time that you pay all rent and other sums in cash, certified or cashier's check, money order, or one monthly check rather than multiple checks. You agree that if you don't pay all rent on or before the _____ day of the month, you'll pay the reasonable initial late charge of \$_____, plus the reasonable daily late charge of \$_____ per day after that date until the amount due is paid in full. Daily late charges cannot exceed 15 days for any single month's rent. We won't impose late charges until at least the third day of the month. You'll also pay a charge of \$_____ for each returned check or rejected electronic payment, plus initial and daily late charges, until we receive acceptable payment. If you don't pay rent on time, you'll be in default and subject to all remedies under state law and this Lease. If you violate the animal restrictions of Par. 27 or other animal rules, you'll pay an initial charge of \$_____ per animal (not to exceed \$100 per animal) and a daily charge of \$_____ per animal (not to exceed \$10 per day per animal) from the date the animal was brought into your apartment until it is removed. We'll also have all other remedies for such violations.

7. **Utilities and Services.** We'll pay for the following items, if checked: ☐ gas ☐ water ☐ wastewater ☐ electricity
☐ trash/recycling ☐ cable/satellite ☐ master antenna
☐ Internet ☐ stormwater/drainage
☐ other _____

You'll pay for all other utilities and services, related deposits, and any charges or fees on such utilities and services during your Lease term. See Par. 12 for other related provisions regarding utilities and services.

8. **Insurance.** Our insurance doesn't cover the loss of or damage to your personal property. You are [*check one*]:
☐ required to buy and maintain renter's or liability insurance (see attached addendum), **or**
☐ not required to buy renter's or liability insurance.

If neither option is checked, insurance is not required but is still strongly recommended. Even if not required, we urge you to get your own insurance for losses due to theft, fire, water, pipe leaks, and similar occurrences. Renter's insurance doesn't cover losses due to a flood. Information on renter's insurance is available from the Texas Department of Insurance.

9. **Special Provisions.** The following or attached special provisions and any addenda or written rules furnished to you at or before signing will become a part of this Lease and will supersede any conflicting provisions of this printed Lease form.

10. **Unlawful Early Move-Out And Reletting Charge.**

10.1 **Your Responsibility.** You'll be liable for a reletting charge of \$_____ (not to exceed 85% of the highest monthly rent during the Lease term) if you: (A) fail to move in, or fail to give written move-out notice as required in Par. 23 or 36; (B) move out without paying rent in full for the entire Lease term or renewal period; (C) move out at our demand because of your default; or (D) are judicially evicted. **The reletting charge is not a cancellation fee and does not release you from your obligations under this Lease. See the next section.**

3. PROOF OF INCOME: Most recent Paystub, last two (2) bank statements or Job letter. Examples of accepted documentation:

Paystub:



CO	FAZ	DEPT	CHECK	YOUR NO.	PAGE
LV2	000042	000000	0000051284	2	

Business Name Here
Business Address Here
APT # Street Name
City State Zip-code

Exempt/ Marital Status: Single
Exempt/ Allowances: Federal
State: Tax Exempt

Earnings Statement



Period Beginning: 11/18/2019
Period Ending: 11/30/2019
Pay Date: 11/29/2019

Please Your Name Here
Please Your Address Here
City, State Zip-Code

Earnings	rate	salary/hour	this period	year to date
Regular	1420.84	88.67	1,420.84	26,933.42
Sick		8.00		
Gross Pay			\$1,420.84	26,933.42

Deductions	Statutory		
	Social Security Tax	-88.09	1,793.67
	Medicare Tax	-20.60	419.63
	State Income Tax	-99.76	1,869.10
	State SUI/SDI Tax		27.00
Net Pay		\$1,212.39	
Checking 1		-1,212.39	
Net Check		\$0.00	

Other Benefits and Information	this period	total to date
Sick	88.00	
Vacation	120.00	

Important Notes

COMPANY ID: 750-487-4287

BASIS OF PAY: SALARY

Copyright 2019

Business Name Here
Business Address Here
APT # Street Name
City, State Zip Code

Advice number: 00000560003
Pay date: 11/29/2019

Deposited to the account of	account number	transit ABA	amount
Type Your Name Here	XXXXXX5967	XXXX XXXX	\$1,212.39

THIS IS NOT A CHECK

NON-NEGOTIABLE

Bank Statement:

Wells Fargo Simple Business Checking

Account number: **123456789** ■ July 24, 2015 - August 25, 2015 ■ Page 1 of 4

MR JOHN DOE
2 POST ALLEY,
SEATTLE, WA 98101

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (338)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

The plans you establish today will shape your business far into the future. The heart of the planning process is your business plan. Take the time now to build a strong foundation. Find out more at wellsfargoworks.com/business-plan-center.

Account Options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Banking Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input checked="" type="checkbox"/>

The Wells Fargo Mobile App is now available in Spanish!

You can securely manage your finances virtually anytime, anywhere in Spanish.

Once you have downloaded the latest version of the Wells Fargo Mobile® App from Google Play or the Apple App Store, go to Mobile Settings and set your language preference to Spanish.

Activity summary

Beginning balance on 7/24	\$550.00
Deposits/Credits	3,820.00
Withdrawals/ Debits	- 1,639.32
Ending Balance on 8/25	2,730.32
 Average ledger balance this period	 \$1,165.38

Account number: **123456789**

AMERICAN YOUTH LEADERSHIP FOUNDATION
New York account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 026012881

For Wire Transfers use

Routing Number (RTN): 121000248



P.O. Box 15284
Wilmington, DE 19850

MR JOHN DOE
2 POST ALLEY,
SEATTLE, WA 98101

Business Advantage

Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Business Fundamentals Checking

for February 1, 2021 to February 28, 2021

Account number: 1 2345 6789

KC UNLOCKING COMPANY

Account summary

Beginning balance on February 1, 2021	\$39.65
Deposits and other credits	24,983.78
Withdrawals and other debits	-24,139.29
Checks	-0.00
Service fees	-70.00
Ending balance on February 28, 2021	\$814.14

of deposits/credits: 28

of withdrawals/debits: 43

of items-previous cycle¹: 2

of days in cycle: 28

Average ledger balance: \$1,091.41

¹Includes checks paid, deposited items & other debits

BUSINESS ADVANTAGE

Thanks. We're here to listen to you.

As your business need evolve, we're ready to provide personal attention and access to the latest digital tools. Rely on us for guidance in personal finance, investments and business – now and in the future.

To learn more visit bankofamerica.com/SmallBusiness

SSM-10-20-0899B | 3293362



JPMorgan Chase Bank N.A.
Ohio/West Virginia Markets
P O Box 2618 0
Baton Rouge, LA 70826-0 180

Feb 1, 2021 through Feb 28, 2008
Primary Account 123456789

CUSTOMER SERVICE INFORMATION

WebSite: www.Chase.com
Service Center: 1-800-935-9935
Hearing Impaired: 1-800-242-7383
Para Espanol: 1-877-312-4273
International Calls: 1-713-262-1679

000 132 2 DOA 001 LA 10205 - YYN T 00000000 07 000

MR JOHN DOE
2 POST ALLEY,
SEATTLE, WA 98101



CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.83
Checks Paid	2	-3,169.04
Other Withdrawals, Fees & Charges	4	-15,025.68
Ending Balance	16	\$189,296.31

This message confirm that you have overdraft protection on your checking account

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
02/02	Deposit	\$17,120.00
02/09	Deposit	24,610.00
02/14	Deposit	11,424.00
02/15	Deposit	1,349.00
02/21	Deposit	5,000.00
02/21	Deposit	3,120.00
02/22	Deposit	33,138.00
02/22	Deposit	18,114.00
02/24	Deposit	6,908.63
02/28	Deposit	5,100.00
Total Deposits and Additions		\$125,883.63



00001040 TW100T12345678931600 3 000000000 2088799237



Mr John Doe
522 Flinders St,
Melbourne VIC 3000

Page 1 of 3
Statement Period October 12 – November 11, 2018



Account Information & Customer Service
1-(877) 968-7962



522 Flinders St, Melbourne VIC 3000



Visit Us Online at www.woodforest.com

Like Us On Follow Us on

Summary of Accounts

ACCOUNT TYPE AND NUMBER	BALANCE FORWARD	TOTAL DEBITS	TOTAL CREDITS	CLOSING BALANCE
Second Chance Checking 123456789	2.01	684.99	658.25	-24.73

Second Chance Checking 123456789

Transactions

Date	Credits	Debits	Balance	Description
10-15	203.00		205.01	DEPOSIT
10-16	50.00		255.01	DEPOSIT
10-16		5.48	249.53	POS DB MCDONALD'S M5906 KETTERING OH 000000000618092
10-16		5.68	243.85	POS DB MCDONALD'S F328 DAYTON OH 000000000642173
10-16		10.00	233.85	POS DB BP#8470320GIANT #476 DAYTON OH 000000000445332
10-16		12.07	221.78	POS DB K PANTRY MART DAYTON OH 000000000568960
10-16		47.95	173.83	POS DB ENTERPRISE 1003354 DAYTON OH 000000000310506
10-16		93.50	80.33	ATM WDL 5141 SALEM AVE DAYTON OH PNC BANK 000000000551617
10-16		2.50	77.83	ATM WITHDRAWAL FEE
10-17		15.95	61.88	POS DB WU *7142828789 877-989-3268 CA 000000000246323
10-17		48.68	13.20	POS DB ENTERPRISE 1003354 DAYTON OH 000000000339488
10-18	39.40		52.60	POS CR POS-SQC*Eric San FranciscoCAUS
10-18	39.40		92.00	POS CR POS-SQC*Eric San FranciscoCAUS
10-18	120.00		212.00	DEPOSIT
10-18		12.58	199.42	POS DB SHELL DAYTON OH 000000000037740
10-19	19.70		219.12	POS CR POS-SQC*Eric San FranciscoCAUS
10-19	39.40		258.52	POS CR POS-SQC*Eric San FranciscoCAUS
10-19		6.00	252.52	POS DB FREE PIKE DRIVE THROUG DAYTON OH 000000000703628
10-19		22.75	229.77	ATM WDL 3000 LINDEN AVE DAYTON OH GIANT OIL # 576 000000000935645
10-19		97.35	132.42	POS DB ENTERPRISE 1003354 DAYTON OH 000000000345928
10-19		2.50	129.92	ATM WITHDRAWAL FEE
10-20		4.71	125.21	POS DB SHELL DAYTON OH 000000000172423
10-20		7.38	117.83	POS DB TACO BELL 023061 DAYTON OH 000000000143204
10-20		7.44	110.39	POS DB TACO BELL #033767 DAYTON OH 000000000199996
10-20		9.16	101.23	POS DB SHOE CARNIVAL #0 DAYTON OH 000000000737541
10-20		97.73	3.50	POS DB ENTERPRISE 1003354 DAYTON OH 000000000450295
10-22		6.00	-2.50	POS DB RALLY'S 4065 DAYTON OH 000000000068966
10-23	5.42		2.92	POS CR POS-SQC*Eric San FranciscoCAUS
10-23	60.00		62.92	DEPOSIT
10-24	81.93		144.85	POS CR ENTERPRISE 1003354 DAYTON OH 000000000000660
10-25		1.00	143.85	POS DB EXPERIAN *CREDITREP 800-2202626 CA 000000000439132
10-25		1.99	141.86	POS DB NNT DAYTON MART 930689 DAYTON OH 000000000483720
10-25		7.00	134.86	POS DB BP#8470320GIANT #476 DAYTON OH 000000000557532
10-25		43.00	91.86	ATM WDL 1203 W THIRD DAYTON OH 000000000565905
10-25		2.50	89.36	ATM WITHDRAWAL FEE
10-27		6.00	83.36	POS DB CLARK # 8044 DAYTON OH 000000000515419
10-28		5.25	78.11	POS DB MCDONALD'S F6183 DAYTON OH 000000000397851
10-29		6.78	71.33	POS DB RALLY'S 4057 DAYTON OH 000000000126755
10-31		1.07	70.26	POS DB MCDONALD'S F31598 DAYTON OH 000000000356174

MEMBER FDIC EQUAL HOUSING LENDER • AN EQUAL OPPORTUNITY EMPLOYER



Member Services
(844) 244-6363
support@chime.com

Mr John Doe
2 Post Alley,
Seattle, WA 98101

Spending Account Statement

Account number
123456789

Statement period
October 2020 (October 01, 2020 - October 31, 2020)

Summary

Beginning balance on October 01, 2020	\$21.54
Deposits	\$1,730.50
ATM Withdrawals	-\$1,510.50
Purchases	-\$160.69
Adjustments	\$0.00
Transfers	-\$1.00
Round Up Transfers	-\$1.30
Fees	-\$7.50
SpotMe Tips	\$0.00
Ending balance on October 31, 2020	\$71.05

Transactions

DATE	DESCRIPTION	TYPE	AMOUNT	NET AMOUNT
10/31/2020	Cash Withdrawal Fee	Fee	-\$2.50	-\$2.50
10/31/2020	Round Up Transfer to Savings Account	Round Up Transfer	-\$0.38	-\$0.38
10/31/2020	Round Up Transfer to Savings Account	Round Up Transfer	-\$0.05	-\$0.05
10/30/2020	ATM Withdrawal 611 W County Line Greenwood, IN, US - HUNTINGTON BAN	ATM Withdrawal	-\$503.50	-\$503.50
10/29/2020	Modern House Rent And Ownco 833 6267345, UT, US	Purchase	-\$24.95	-\$24.95

Job Letter:

Job Confirmation Letter

David Hartman

2388 Riverside Drive
Augusta, GA, 30907
United States

(706) 869-4259

davidhartman@example.com

Dear David Hartman,

After careful evaluation of your application for the position of Human Resources Specialist, we are glad to inform you have been confirmed in our organization.

Your starting salary will be \$40,000.00, annually. You will receive evaluation reviews after six and twelve months of service. As defined by union contract, you will be on probation for twelve months.

Fringe benefit information is described in the enclosed Summary of Full-time Employee Programs handout. The details of these programs are discussed during employment processing.

Your start date is recorded as on Thursday, January 24, 2019. You will be contacted by the Human Resources to schedule your new hire orientation.

Do not hesitate to contact us with any questions about your employment here. In the meantime, we look forward to you joining the staff.

Sincerely,



Michael J. Morgan

Human Resources Manager

4. PERSONAL REFERENCES:

- **5 References that don't live with the buyer** (5 referencias que no vivan con el comprador).
- **Minimum two relatives** (al menos dos referencias de familiares).
- **Each reference must have complete information** (cada referencia debe tener la información completa).

CUSTOMER REFERENCE SHEET

(lista de referencias personales)

BUYER'S NAME:

(Nombre del cliente)

REQUIREMENTS:

- **5 References that don't live with the buyer** (5 referencias que no vivan con el comprador).
- **Minimum two relatives** (al menos dos referencias de familiares).
- **Each reference must have complete information** (cada referencia debe tener la información completa).

NAME (nombre)	PHONE NUMBER (número de teléfono)	ADDRESS (dirección)	RELATIONSHIP (relación)
Harry Potter	(555) 751-2638	2525 Paradise dr, Austin TX 78779	Brother
John Wayne	(555) 751-2639	2526 Paradise dr, Austin TX 78778	Friend
Bruno Diaz	(555) 751-2630	2527 Paradise dr, Austin TX 78777	Boss
Clark Kent	(555) 751-2631	2528 Paradise dr, Austin TX 78776	Friend
Cristiano Ronaldo	(555) 751-2632	2529 Paradise dr, Austin TX 78775	Father