

NW ANGEL FUNDING LLC
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CLIENT INFORMATION SHEET

Client Name : _____

Passport Number : _____

Date of Issuance : _____

Date of Expiration : _____

Country of Issuance : _____

Social Security Number : _____

Date and Place of Birth : _____

Driver's License Number : _____

Date of Issuance : _____

Venue of Issuance : _____

Home Address : _____

Home Telephone Number : _____

Home Fax Number : _____

Personal Cellular Number : _____

E-mail address : _____

Business Name : _____

Registered Address : _____

Registration Number : _____

Business Tel. Number : _____

Business Fax Number : _____

Business E-mail Address : _____

Officers of the Corporation : _____

Directors of the Corporation : _____

Name of Bank/Depository : _____

Address of Bank/Depository : _____

Name of Bank/Depository Officer : _____

Telephone Number : _____

Fax Number : _____

If Bank - ABA Number : _____

Certificate of Deposit No. N/A

Bank/Depository Account Number : _____

Amount of Appraised Value : _____

Signatory(s) : _____

Account Holder's Address : _____

Account Holder's Telephone : _____

Account Holder's Facsimile : _____

Is there clear Title to Funds/Assets: ____Yes ____No

Are Funds/Assets Freely Transferable? : ____Yes____ No

Are Funds/Assets encumbered: ____Yes ____No

Origin of Funds : **BUSINESS INVESTMENT**

History & Proof of Funds/Asset

FOR AND ON BEHALF OF

Authorized Signatory