

**Surrey Libor
Financial Analysis Agreement
6760 Kahuna Suite G
Kapaa, HI 96746**

I/we agree to the following terms for Surrey Libor analysis written herein.

I/we understand I/we have rendered to Surrey Libor, Exclusive financial analysis of all financials within our company for assessment and growth:

I/we understand and acknowledge Surrey Libor shall retain Exclusive Discretion for such time of **twelve months starting February 13, 2020 to February 13, 2021**. I/we understand and acknowledge Surrey Libor shall correspond with all corporate parties between 8:30 am – 5:30 pm, phone or email, during regular business hrs.

I/we understand and acknowledge Surrey Libor shall guarantee no total loss of the principle of \$230,000.00 I/we understand and acknowledge said principle shall fluctuate month to month.

I/we understand and acknowledge principle(s) with Surrey Libor shall have a minimum return on investment between 3% to a maximum of 7% each month or 36% to a maximum of 84% annually.

I/we understand and acknowledge Surrey Libor shall be entitled to a bonus between 10% to 15% of any profit during any given month profits are above 60% for good performance. (Optional)

I/we understand and acknowledge I/we are liable for all taxes. Legal actions, associated with financial analyst should any occur.

I/we understand as part of Surrey Libor Financial Analysis. Surrey Libor will utilize certain analytical tools, and systems known solely to Surrey Libor for assessment to project growth and areas to which to increase potential revenue in addition to areas of savings within your company.

I/we understand Surrey Libor requires each month a deposit of: \$1,488.00. I/we understand said deposit will be automatically debited from my bank account on the 25th of each month on file at Surrey Libor. Addendum: I/we understand the monthly billing of \$1,488.00 shall come out of the proceeds.

I/we understand should service be cancelled at any time within this **twelve-month** agreement a cancellation fee of \$888.00 shall be applied. I/we understand and agree to the terms written herein.

I/we understand said deposit will be retained each month for such fees associated with; analysis; research; etc. and is non-refundable.

Upon signing this agreement, I/we agree to the terms that are written herein regarding Surrey Libor analysis. Upon signing this agreement, I/we have (1) business days to cancel this contract before any service begin. After one days this contract shall be in full effect for the first **twelve months** of service.

Deposit of: \$230,000.00 is required before any service begins.

We are committed to helping you build a stability.

Print full name

Address

City, State, Zip

Telephone

Date

Signature

Print full name

Address

City, State, Zip

Telephone

Date

Signature

Co-Signer Parties Please sign below

Print full name

Address

City, State, Zip

Telephone

Date

Signature

Print full name

Address

City, State, Zip

Telephone

Date

Signature

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6760 Kahuna Suite G
Kapaa, HI 96746

ACH/EFT Authorization Form

Instructions

1. Please complete the form by printing legibly with a dark pen or by typing directly onto the form.
2. Sign and date with the account holder's signature on the line indicated Below.
3. Include a photocopy of a void check.
4. Email this form, along with the photocopy of the signed ACH/EFT form, back to us at Email: surreylibor@gmail.com.

Brokerage Account # _____

Starting February 13, 2020 to February 13, 2021 I/we agree to the following terms for Surrey Libor analysis written herein. I/we understand and hereby authorize Surrey Libor to charge my Bank Account in the amount of
\$230,000.00 + \$1,488.00 each month = \$247,856.00 Annually Total
Monthly Processing Fee

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I/we understand should service be cancelled at any time within this **twelve-month** agreement a cancellation fee of \$888.00 shall be applied. I/we understand and agree to the terms written herein.

I/we understand said deposit will be retained each month for such fees associated with; analysis; research; etc. and is non-refundable.

Type of Account: Checking Account Saving Account

Account # _____

Account Routing # _____

Bank Name # _____

Checking/Saving Account Billing Address Exactly as Appear on Your Bank Account

Street: _____

City: _____, State: _____ Zip Code: _____

Telephone: _____

As the account holder, I hereby authorize the above charge(s)

Account Holder Signature _____ Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from fraud. All information entered on this form will be kept strictly confidential by Surrey Libor. Complete and email all documents required to surreylibor@gmail.com

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Financial Analysis Agreement
6760 Kahuna Suite G
Kapaa, HI 96746**

Wire Payment/EFT Instruction Form

WIRE PAYMENT INSTRUCTIONS TO OUR BROKERAGE ACCOUNT

Dear Investor/ New Business Owner:

Please Find Enclosed Payment Instructions Below.

\$230,000.00 or more WIRE PAYMENT INSTRUCTIONS to our brokerage account.

Payment Instructions Below.

Please take the following detailed instructions listed below to your bank.

Give to them this form with detail information to them to wire: **\$230,000.00** or more.

If your financial institution is located in the United States, wire to:

Catalyst Corporate Federal Credit Union

[6801 PARKWOOD BOULEVARD](#)

[Plano, TX 75024](#)

ABA Routing# 311990511

BENIFICIARY:

Gathers Federal Credit Union.

[4493 Pahee St.](#)

[Lihue, HI 96766](#)

Account #321379902

For credit to:

Gregory Bryant

[6760 KAHUNA ROAD](#)

[KAPAA HI 96746](#)

Account # 1010103130

Thank you,

Upon receipt of payment.

I will call you

**SAMPLE INTRUCTIONS BELOW: HOW TO CORRECTLY FORMAT AND SEND THE WIRE TO OUR
BROKERAGE ACCOUNT.**

SEE PICTURE BELOW:

OUTGOING WIRE TRANSFER FORM

**Requests received after 4:00 p.m. Central Time will be processed on the Next Business Day

Date: 4/03/18 Time: 4:11 PM Faxed Date: 4/3/18 Faxed Time: 4:11 PM

Amount of Transfer: 3,500.00

Receiving Bank: CATALYST CORPORATE
ABA# 311990511

COPY

Beneficiary Bank Name:
Beneficiary Bank Identifier:
Beneficiary Bank Address:

Beneficiary: KAUAI COMMUNITY FEDERAL CREDIT UNIO
Beneficiary Address: 4493 PAHEE ST
LIHUE, HI 96766

Beneficiary Account Number: 321379902

Purpose of Wire: FURTHER CREDIT TO GREGORY BRYANT
6760 KAHUNA ROAD
KAPAA HI 96746
ACCOUNT # 103130

Originator: CLIFFORD S TREADWAY JR
Originator's Address: 3211 MARYLAND RD
ROCKFORD IL 61108-5919

Originator Account #: 10467920

ID Number: _____

I have reviewed and authorize the initiation of the above instructions.

Clifford S Treadway Jr.
Customer Signature & Contact Phone

_____ Date

Fee:
Charge Amount 25.00 Waive Analysis

Collected Balance: \$6949.97

Preparer's Initials: CB Authorizing Initials: CB Call Back Initials: CB

Wire Department only
Fed Ref# _____ Repetitive # _____ Section 311 _____