

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Re: \_\_\_\_\_

If a "Terms and Conditions" (T&C) letter has been issued please attach a copy.

The following information is given in the understanding and agreement of the recipient that it will be strictly confidential and that neither the Bank nor the undersigned shall be or become liable or responsible for by reason of giving such information, or it being inaccurate or incomplete or otherwise.

Client Since: \_\_\_\_\_ Expiry/Renewal Date of Credit Facility: \_\_\_\_\_

Operating Credit Facility: (Please use exact dollar amount)

	Operating/ Overdraft	Bulge Facility	Tender Loan		Operating/ Overdraft	Bulge Facility
Facility:	_____	_____	_____	Maximum Use:	_____	_____
Amount in Use:	_____	_____	_____	Minimum Use:	_____	_____
Repayment Terms:	_____	_____	_____	Average Credit:	_____	_____
Balances:	_____	_____	_____			
Are Term Loans Current?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Balance Outstanding: _____		
In Compliance with Credit Terms?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Security:	Assignment of A/R <input type="checkbox"/> Debenture <input type="checkbox"/> Assignment of Contracts <input type="checkbox"/> General Security Agreement <input type="checkbox"/> Mortgage <input type="checkbox"/> Other (Specify Below) <input type="checkbox"/>		Personal Guarantees of: _____ _____ _____ Collateral Mortgage on: _____ _____ _____			
Any NSF Cheques (in the last 12 months)?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Remarks: _____ _____ _____						

Bank Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (Print Name)  
 \_\_\_\_\_  
 (Title)