

Banking Reference Letter

Name of Bank:						
Address:						
City:				Province:		
Contact:				Postal Co	de:	
Phone:			_ F	ax:		
Re:						(Client Name)
The following information that neither the Bank n information, or its being Client Since:	or the undersigned inaccurate or incor	d, shall be, or becor nplete or otherwise.	ne	liable or responsible	e for or by reason	of the giving of such
Operating Credit Fac	cility (please use		our	nt):		
	Operating/ Overdraft	Bulge Facility			Operating/ Overdraft	Bulge Facility
Facility				Maximum Use		
Amount In Use				Minimum Use		
Repayment Terms Balances				Average Credit		
ARE TERM LOANS CU ANY NSF CHEQUES (i Margin Requirements:	n the last 12 mont		YES			
SECURITY: Assignment of A/R Debenture Assignment of Contr General Security Age Chattel Mtge(s) Other, Specify below	acts reement	☐ Personal Gu (list individua ☐ Collateral M (municipal ad	uara ls) ortg	ntees: ages:		
REMARKS:						
Note: If the Bank has i	ssued a terms and	d conditions (T&C)	lett	er please attach a	сору.	

Bank Representative:

(Signature)

Date (dd/mmm/yy)

(Print Name)

(

Phone Number: (____)_____

PLEASE RETURN COMPLETED FORM TO THE ABOVE ADDRESS