

CONFIDENTIAL

BANK: _____

Contact: _____ Phone: _____

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 the giving of such information, or its being inaccurate or incomplete.

The Client hereby consents to release of the information requested by this document.

CLIENT NAME: _____

Authorized Signatory for Release of Information: _____

CLIENT SINCE: _____

Credit Facility: (Please use exact dollar amount.)

	<u>Operating/ Overdraft</u>	<u>Bulge Facility</u>	<u>Term (A)</u>	<u>Term (B)</u>	<u>Other</u>
Facility:	_____	_____	_____	_____	_____
Amount in Use:	_____	_____	_____	_____	_____
Repayment Terms:	_____	_____	_____	_____	_____
Maximum Use:	_____	_____	_____	_____	_____
Minimum Use:	_____	_____	_____	_____	_____
Avg. Credit Balance:	_____	_____	_____	_____	_____
Are Term Loans Current?:			_____	_____	

(Please see over)

Margin Requirements:

SECURITY:

_____ Assignment of A/R	_____ General Security Agreement
_____ Debenture	_____ Chattel Mortgage(s)
_____ Other, Specify Below	_____ Assignment of Contracts

_____ Personal Guarantee(s) of: _____

_____ Collateral Mortgage(s) on: _____

ANY NSF CHEQUES (in last 12 months)? _____

REMARKS: _____

Date: _____ Completed by: _____
(Name)

(Title)

* IF A TERMS AND CONDITIONS LETTER HAS BEEN ISSUED, PLEASE ATTACH A COPY OF SAME.