



**Travelers Insurance Company of Canada**  
 650 West Georgia Street  
 P.O. Box 11542, Suite 2500  
 Vancouver, British Columbia V6B 4N7  
 www.travelerscanada.ca

### Banking Reference Letter

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Contact: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Re: \_\_\_\_\_ (Client Name)

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

Client Since: \_\_\_\_\_ Expiry/Renewal Date of Credit Facility (dd/mmm/yy): \_\_\_\_\_

**Operating Credit Facility (please use exact dollar amount):**

	Operating/ Overdraft	Bulge Facility		Operating/ Overdraft	Bulge Facility
Facility			Maximum Use		
Amount In Use			Minimum Use		
Repayment Terms Balances			Average Credit		

ARE TERM LOANS CURRENT?  YES  NO  
 ANY NSF CHEQUES (in the last 12 months)?  YES  NO

Margin Requirements: \_\_\_\_\_

**SECURITY:**

- Assignment of A/R
- Debenture
- Assignment of Contracts
- General Security Agreement
- Chattel Mtge(s)
- Other, Specify below under remarks
- Personal Guarantees: \_\_\_\_\_  
(list individuals)
- Collateral Mortgages: \_\_\_\_\_  
(municipal addresses)

**REMARKS:**

**Note: If the Bank has issued a terms and conditions (T&C) letter please attach a copy.**

Bank Representative: \_\_\_\_\_  
 (Signature) \_\_\_\_\_ Date (dd/mmm/yy) \_\_\_\_\_

\_\_\_\_\_  
 (Print Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE ABOVE ADDRESS**