



BANK FORM

TENANT: _____

BUILDING ADDRESS: _____ SUITE NUMBER: _____

TELEPHONE (H): _____ TELEPHONE (W): _____

FINANCIAL INSTITUTION : _____

ADDRESS : _____

ACCOUNT NUMBER : _____

I hereby authorize you to give **Bedford Properties** information as to my financial responsibility.
Please complete this form in full.

DATE: _____ SIGNATURE OF APPLICANT: _____

TO BE COMPLETED BY FINANCIAL INSTITUTION

DATE ACCOUNT OPENED: _____

TYPE OF ACCOUNT: _____

NSF CHEQUES (if any): _____

PRESENT BALANCE: _____

 LOANS (Balance Owing): _____

 Monthly Payments: _____

 Date of First Payment: _____

 Date of Last Payment: _____

REMARKS: _____

BANK STAMP: _____ BANK SIGNATURE: _____
