## **LETTER OF CREDIT**

Issuing Institute:	Date of Issue:
(Name, British Columbia Address & Fax number)	Irrevocable Standby Credit Number:
Fax:	
Applicant:	Beneficiary:
(Business Name,	Director,
Trade Names,	Consumer Protection BC
& Address)	PO Box 9244
	Victoria BC V8W 9J2
	Amount: CAD \$
	hereby establish our irrevocable Letter of Credit in your
Tayour in the total amount of	Canadian wn on by you at any time before expiry upon written
	wn on by you at any time before expiry upon whiten it us by you, at the above address or Fax number. First
	ove Fax number is acceptable with payment released to
•	inal Letter of Credit. We shall honour your demand(s)
	the right as between the Beneficiary and the Applicant to
make such demand and without reco	· · · · · · · · · · · · · · · · · · ·
Partial drawings are permitted.	
This Credit is irrevocable and shall re	emain valid up to and including
	of issue). It is a condition of this Letter of Credit that it
	Illy extended without amendment for one year from the
•	e hereof unless 30 days prior to any such date we notify
	nt to the above address that we elect not to consider this
Credit extended for any such additio	nal period.
Your written demand(s) must be man	rked "Drawn" under
Letter of Credit No.	Dated
	of credit is subject to the Uniform Customs and Practice national Chamber of Commerce current at the time of
Authorized Signature	Authorized Signature