

Signature

Date

## Canadian Western Bank New Business Mastercard Application

Business Information			Card Information	
BUSINESS NAME & ADDRESS 555 225 Simcoe Street Toronto, ON M5G1S4			CARD TYPE CWB Business	BUSINESS NAME ON CARD 555
NATURE OF BUSINESS Arts, Entertainment, Recreation, Sports	BUSINESS TYPE Partnership		CREDIT LIMIT REQUESTED \$555	CWB BUSINESS PRO PACKAGE UPGRADE Yes
CIF NUMBER 555	HOME BRANCH Toronto		<b>DELIVERY METHOD*</b> ☐ [Fast Card]	* There will be a \$25 CAD fee per card for express delivery with tracking number. Fast Card option only applies to physical card deliveries and will not affect the time to proces the application.
Admin(s)			Cardholder(s)	
Admin(full access) zdfg dfz January 01, 2000 1admin.55@yopmail.com 123 123 1234 ge	Admin(view only) ear aegrv January 01, 2000 2admin.55@yopmail.com 123 123 1234 rbg	1	PRIMARY CARDHOLDER sdG SG January 01, 2000 primcwb.55@yopmail.com 123 123 1234 dfhbh	
			ADDITIONAL CARDHOLDER(S) srg Gwe January 01, 2000 1cm.55@yopmail.com 123 1231234 gbh	
Alternate Mailing Instructions (v	within Canada and U.	S. only)		
Authorization The client acknowledges that they are a The Canadian Western Bank Business I been setup.		-	•	tion will be provided once your account has
Dated at		this	day of	, 20
SIGNER(S)			SIGNER(S)	
First and Last Name:			First and Last Name:	
Position Title:			Position Title:	
Signature	Date		Signature	Date
CWB RELATIONSHIP MANAGER			APPLICATION PREPARED BY	
First and Last Name:			CWB Operator	
Banking Center:			, Branch	
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