



Canadian Western Bank New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

A To Z Ent.
4101 Yonge Street
Unit 506
Toronto, ON
M2P2E3

NATURE OF BUSINESS

Arts, Entertainment, Recreation, Sports

BUSINESS TYPE

Sole Proprietorship

CIF NUMBER

123123

HOME BRANCH

Card Information

CARD TYPE

CWB Echelon Rewards

BUSINESS NAME ON CARD

A To Z Ent.

CREDIT LIMIT REQUESTED

\$15000

CWB BUSINESS PRO PACKAGE UPGRADE

No

DELIVERY METHOD*

☐ [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 process the application.

Admin(s)

Admin(full access)

Admin One
January 01, 2005
adm1.atozent@yopmail.com
234 567 8901
Manager

Admin(view only)

Admin Two
January 01, 2005
adm2.atozent@yopmail.com
234 567 8901
CA

Cardholder(s)

PRIMARY CARDHOLDER

Primary Test
January 01, 2005
primary.atozent@yopmail.com
234 567 8901
Director

ADDITIONAL CARDHOLDER(S)

Cardholder Test
January 01, 2005
card.atozent@yopmail.com
234 567 8901
BA
Spend limit : \$5000

Alternate Mailing Instructions (within Canada and U.S. only)

Authorization

The client acknowledges that they are agreeing to add a business Mastercard product to their portfolio with CWB.

The Canadian Western Bank Business Mastercard Cardholder Agreement along with other relevant credit card information will be provided electronically once your account has been setup.

Dated at _____ this _____ day of _____, 20 _____

SIGNER(S)

First and Last Name:

Position Title: _____

Signature Date

CWB RELATIONSHIP MANAGER

First and Last Name:

Banking Center: _____

Signature Date

SIGNER(S)

First and Last Name:

Position Title: _____

Signature Date

APPLICATION PREPARED BY

CWB Operator

, Branch