



# Canadian Western Bank

## New Business Mastercard Application

### Business Information

#### BUSINESS NAME & ADDRESS

AZBIZ  
322 Jones Road  
Hamilton, ON  
L8E5L8

#### NATURE OF BUSINESS

Food, Foodservice, Hospitality

#### BUSINESS TYPE

Sole Proprietorship

#### CIF NUMBER

344556

#### HOME BRANCH

### Card Information

#### CARD TYPE

CWB USD Business

#### BUSINESS NAME ON CARD

AZBIZ

#### CREDIT LIMIT REQUESTED

\$1234

#### CWB BUSINESS PRO PACKAGE UPGRADE

Yes

#### 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)

az xd  
January 01, 2005  
mnchgagg@yopmail.com  
456 678 8899  
test

### Cardholder(s)

#### PRIMARY CARDHOLDER

AS DE  
January 01, 2005  
mznhgagg@yopmail.com  
456 677 7899  
TEST

#### ADDITIONAL CARDHOLDER(S)

card one  
February 01, 2005  
mnxhgagg@yopmail.com  
455 677 7888  
test  
Spend limit : \$12

#### ADDITIONAL CARDHOLDER(S)

ss ss  
February 02, 2005  
mjhhghy@yopmail.com  
456 677 7888  
test  
Spend limit : \$13

#### ADDITIONAL CARDHOLDER(S)

aw er  
February 02, 2003  
mnhhhvh@yopmail.com  
456 677 8889  
job  
Spend limit : \$11

#### ADDITIONAL CARDHOLDER(S)

bf ef  
February 02, 2004  
mnhhggv@yopmail.com  
445 566 6767  
job  
Spend limit : \$12

#### ADDITIONAL CARDHOLDER(S)

az xd  
January 01, 2005  
mnchgagg@yopmail.com  
456 678 8899  
test

### 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: \_\_\_\_\_

CWB RELATIONSHIP MANAGER

First and Last Name: \_\_\_\_\_

Banking Center: \_\_\_\_\_

SIGNER(S)

First and Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

APPLICATION PREPARED BY

CWB Operator

, Branch