

Signature

Date

## Canadian Western Bank New Business Mastercard Application

Business Information		Card Information	
BUSINESS NAME & ADDRESS Abc Gov. 2300 Yonge Street Toronto, ON M4P1E4		CARD TYPE CWB Echelon Rewards	BUSINESS NAME ON CARD Abc Gov.
NATURE OF BUSINESS Government, Public-administration	BUSINESS TYPE Corporation	CREDIT LIMIT REQUESTED \$15000	
CIF NUMBER 233434	HOME BRANCH Toronto	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)		Cardholder(s)	
LEVEL 1	LEVEL 2	PRIMARY CARDHOLDER	
Admin One January 01, 2005 adm1.abcgov@yopmail.com 234 567 8901 Manager	Admin Two January 01, 2005 adm2.abcgov@yopmail.com 234 567 8901 Accountant	Primary Test January 01, 2005 primary.abcgov@yopmail.com 234 567 8901 CEO	
		ADDITIONAL CARDHOLDER(S) Cardholder Test January 01, 2005 card.abcgov@yopmail.com 234 567 8901 Analyst	
Alternate Mailing Instructions	(within Canada and U.S. only	)	
Authorization			
The client acknowledges that they are the Terms and Conditions in the Maste		rd product to their portfolio with CWB; and the	at they have been provided with, and agree to
	-	llong with other relevant credit card informatio	on 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:		Manager, Edmonton Branch	