



Canadian Western Bank

New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

Abc Abc
225 Simcoe Street
Toronto, ON
M5G1S4

NATURE OF BUSINESS

Agriculture, Fishing, Forestry, Mining

BUSINESS TYPE

Sole Proprietorship

CIF NUMBER

324243

HOME BRANCH

Toronto

Card Information

CARD TYPE

CWB Echelon Rewards

BUSINESS NAME ON CARD

Abc Abc

CREDIT LIMIT REQUESTED

\$15000

CWB BUSINESS PRO PACKAGE UPGRADE

No

* 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.

DELIVERY METHOD*

☐ [Fast Card]

Admin(s)

Cardholder(s)

PRIMARY CARDHOLDER

Primary Test
January 01, 2005
primary.abcabc@yopmail.com
234 567 8901
Manager

ADDITIONAL CARDHOLDER(S)

Card One
January 01, 2005
card1.abcabc@yopmail.com
4542435425
Jr. Designer

ADDITIONAL CARDHOLDER(S)

Card Two
January 01, 2001
card2.abcabc@yopmail.com
3243543534
AAA

ADDITIONAL CARDHOLDER(S)

Card Three
January 01, 2005
crad3.abcabc@yopmail.com
454 545 5545
VP

ADDITIONAL CARDHOLDER(S)

Card Four
January 01, 2005
card4.abcabc@yopmail.com
563 546 5656
CA

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