



Canadian Western Bank

New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

Appleeee Inc
12 York Street
Toronto, ON
M5J0A9

NATURE OF BUSINESS

Real-estate

BUSINESS TYPE

Sole Proprietorship

CIF NUMBER

121121

HOME BRANCH

Calgary Main

Card Information

CARD TYPE

CWB Echelon Rewards

BUSINESS NAME ON CARD

Apple Plus

CREDIT LIMIT REQUESTED

\$500

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.

Admin(s)

Admin(full access)

Admin one
January 01, 2005
cw.admin@yopmail.com
989 989 8988
Admin

Cardholder(s)

PRIMARY CARDHOLDER

Primary Test
January 01, 2005
cw.prime@yopmail.com
987 979 8798
Prime

Admin(full access)

Admin trt
January 01, 2005
cw.djflk@yopmail.com
979 784 3344
fd

ADDITIONAL CARDHOLDER(S)

Cardholder Test
January 01, 2005
cw.cardholder@yopmail.com
897 897 8978
Cardholder
Spend limit : \$11

ADDITIONAL CARDHOLDER(S)

Admin one
January 01, 2005
cw.admin@yopmail.com
989 989 8988
Admin

Admin(full access)

Admin LKJNDLKJ
January 01, 2005
cw.dksk@yopmail.com
908 908 3402
Test

ADDITIONAL CARDHOLDER(S)

Admin trt
January 01, 2005
cw.djflk@yopmail.com
979 784 3344
fd

ADDITIONAL CARDHOLDER(S)

Admin LKJNDLKJ
January 01, 2005
cw.dksk@yopmail.com
908 908 3402
Test

Admin(full access)

Admin OHK
January 01, 2005
cw.kgfk@yopmail.com
987 893 7424
KH

ADDITIONAL CARDHOLDER(S)

Admin OHK
January 01, 2005
cw.kgfk@yopmail.com
987 893 7424
KH

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 CMS

CMS, Calgary Main Branch