

Canadian Western Bank New Business Mastercard Application

Business Information Card Information BUSINESS NAME & ADDRESS CARD TYPE BUSINESS NAME ON CARD CWB Echelon Rewards RIGHT STUFF BROWNS ACCOUNTING 123 BROAD ST, Unit 202 EDMONTON, AB T6E3N2 **NATURE OF BUSINESS BUSINESS TYPE CREDIT LIMIT REQUESTED** \$10000 Insurance-accounting-and-banking Corporation * There will be a \$25 CAD fee per card for **CIF NUMBER HOME BRANCH DELIVERY METHOD*** express delivery with tracking number. Fast ☐ [Fast Card] **EDMONTON** 123456 Card option only applies to physical card deliveries and will not affect the time to process the application. Cardholder(s) Admin(s) **LEVEL 1** PRIMARY CARDHOLDER JEN MacKay Tina MacKay May 20, 2005 February 10, 1988 jen.mac@cwbank.com tina.mackay@cwbank.com 780 217 4619 780 217 4619 **ACCOUNTANT ACCOUNTANT** 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; and that they have been provided with, and agree to the Terms and Conditions in the Master Service Agreement. The Canadian Western Bank Business Mastercard Cardholder Agreement along with other relevant credit card information will be provided once your account has been setup. Dated at this day of 20 SIGNER(S) SIGNER(S) **First and Last Name: First and Last Name:** Position Title: Position Title: Date Date Signature Signature CWB RELATIONSHIP MANAGER APPLICATION PREPARED BY **CWB Cash Management First and Last Name:** Manager, Edmonton Branch **Banking Center:** Signature Date