



# Canadian Western Bank

## New Business Mastercard Application

### Business Information

#### BUSINESS NAME & ADDRESS

Broke Inc  
43 Thorncliffe Park Drive  
Toronto, ON  
M4H1J4

#### NATURE OF BUSINESS

Agriculture, Fishing, Forestry, Mining

#### BUSINESS TYPE

Corporation

#### CIF NUMBER

122121

#### HOME BRANCH

Calgary Main

### Card Information

#### CARD TYPE

CWB Echelon Rewards

#### BUSINESS NAME ON CARD

Broke

#### 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)

fds dff  
January 01, 2005  
hjgfd sdf@yopmail.com  
543 543 5345  
54

#### Admin(view only)

wrwer fdews  
January 01, 2005  
hgwfd sdf@yopmail.com  
577 656 4564  
sdf

### Cardholder(s)

#### PRIMARY CARDHOLDER

Primary Test  
January 01, 2005  
hjsd f@yopmail.com  
324 445 3455  
54

#### Admin(full access)

sdgaf sfa  
January 01, 2005  
hjgfd sdf@yopmail.com  
545 454 5235  
sdf

#### ADDITIONAL CARDHOLDER(S)

fg fg  
January 01, 2005  
hjgsd gfdgfd@yopmail.com  
454 354 3543  
fd fs  
Spend limit : \$50

#### ADDITIONAL CARDHOLDER(S)

fsd fsd  
January 01, 2005  
hjgsd sdf@yopmail.com  
544 545 4353  
ads  
Spend limit : \$55

#### ADDITIONAL CARDHOLDER(S)

fds dff  
January 01, 2005  
hjgfd sdf@yopmail.com  
543 543 5345  
54

#### ADDITIONAL CARDHOLDER(S)

sdgaf sfa  
January 01, 2005  
hjgfd sdf@yopmail.com  
545 454 5235  
sdf

#### ADDITIONAL CARDHOLDER(S)

wrwer fdews  
January 01, 2005  
hgwfd sdf@yopmail.com  
577 656 4564  
sdf

### 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