



Canadian Western Bank New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

CWB LINK 2
777 Bay Street
Toronto, ON
M5B2H4

NATURE OF BUSINESS

Food, Foodservice, Hospitality

BUSINESS TYPE

Corporation

CIF NUMBER

123123

HOME BRANCH

Calgary Main

Card Information

CARD TYPE

CWB Business

BUSINESS NAME ON CARD

CWB LINK 2

CREDIT LIMIT REQUESTED

\$20000

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
cwb.link2.adm1@yopmail.com
647 888 9911
adm1

Admin(view only)

admin two
January 01, 2005
cwb.link2.adm2@yopmail.com
647 888 9911
adm2 ch

Cardholder(s)

PRIMARY CARDHOLDER

Primary Cardholder
January 01, 2005
cwb.link2.primary@yopmail.com
647 888 9911
primary ch

ADDITIONAL CARDHOLDER(S)

card holder
January 01, 2005
cwb.link2.cardholder@yopmail.com
647 888 9911
cardholder
Spend limit : \$5000

ADDITIONAL CARDHOLDER(S)

admin one
January 01, 2005
cwb.link2.adm1@yopmail.com
647 888 9911
adm1

ADDITIONAL CARDHOLDER(S)

admin two
January 01, 2005
cwb.link2.adm2@yopmail.com
647 888 9911
adm2 ch

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