



Canadian Western Bank

New Business Mastercard Application

Business Information		Card Information	
BUSINESS NAME & ADDRESS CWB Tool 2 Inc. 3401 Dufferin Street Toronto, ON M6A2T9		CARD TYPE CWB Echelon Rewards	BUSINESS NAME ON CARD Account Number 2
NATURE OF BUSINESS Emergency-and-protection	BUSINESS TYPE Corporation	CREDIT LIMIT REQUESTED \$3000	CWB BUSINESS PRO PACKAGE UPGRADE No
CIF NUMBER 544554	HOME BRANCH Calgary Main	DELIVERY METHOD* <input type="checkbox"/> [Fast Card]	* 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)	Cardholder(s)
	PRIMARY CARDHOLDER Prime Two January 01, 2005 aj.prim2@yopmail.com 989 898 9898 Prime 2
	ADDITIONAL CARDHOLDER(S) Card Two January 01, 2005 aj.card2@yopmail.com 989 898 9898 Cardholder Spend limit : \$500

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)	SIGNER(S)
First and Last Name: <input type="text"/>	First and Last Name: <input type="text"/>
Position Title: <input type="text"/>	Position Title: <input type="text"/>
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>
Date	Date
CWB RELATIONSHIP MANAGER	APPLICATION PREPARED BY
First and Last Name: <input type="text"/>	CWB CMS
Banking Center: <input type="text"/>	CMS, Calgary Main Branch
<input type="text"/>	
Signature	
<input type="text"/>	
Date	