



# Canadian Western Bank New Business Mastercard Application

## Business Information

### BUSINESS NAME & ADDRESS

CWB Tool Inc  
98 Lillian Street  
Toronto, ON  
M4S0A5

### NATURE OF BUSINESS

Information-technology

### BUSINESS TYPE

Sole Proprietorship

### CIF NUMBER

121211

### HOME BRANCH

Calgary Main

## Card Information

### CARD TYPE

CWB Echelon Rewards

### BUSINESS NAME ON CARD

New Tool

### CREDIT LIMIT REQUESTED

\$1000

### 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.

### DELIVERY METHOD\*

☐ [Fast Card]

## Admin(s)

### Admin(full access)

Admin One  
January 01, 2005  
sd.admin1@yopmail.com  
989 898 9898  
Admin 1

### Admin(view only)

Admin Two  
January 01, 2005  
sd.admin2@yopmail.com  
989 898 9898  
Admin2

## Cardholder(s)

### PRIMARY CARDHOLDER

Primary Cardholder  
January 01, 2005  
sd.primecard@yopmail.com  
989 898 9898  
Primary

### ADDITIONAL CARDHOLDER(S)

Card Holder One  
January 01, 2005  
sd.cardholder@yopmail.com  
989 898 9898  
Cardholder  
Spend limit : \$500

### ADDITIONAL CARDHOLDER(S)

Admin One  
January 01, 2005  
sd.admin1@yopmail.com  
989 898 9898  
Admin 1

### ADDITIONAL CARDHOLDER(S)

Admin Two  
January 01, 2005  
sd.admin2@yopmail.com  
989 898 9898  
Admin2

## 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