



Canadian Western Bank

New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

Insurance
123 Queen Street West, ON
M5H3M9

NATURE OF BUSINESS

Insurance-accounting-and-banking

BUSINESS TYPE

Corporation

CIF NUMBER

242424

HOME BRANCH

Toronto

Card Information

CARD TYPE

CWB Business

BUSINESS NAME ON CARD

Kolmar Laha

CREDIT LIMIT REQUESTED

\$14.00

PLAN DETAILS

CWB Business +

DELIVERY METHOD*

☐ [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)

LEVEL 1

Admin One
August 14, 1975
hjghjj231@yopmail.com
242 424 2424
AdminOne

Cardholder(s)

PRIMARY CARDHOLDER

Primary Card
February 02, 2004
hjghjj@yopmail.com
353 535 3535
Main

LEVEL 1

AdminOne Two
July 03, 1981
hjghjj1310@yopmail.com
242 424 2424
AdminOneTwo

ADDITIONAL CARDHOLDER(S)

Addi One
July 06, 2006
hjghjj00@yopmail.com
242 424 2424
One

ADDITIONAL CARDHOLDER(S)

Addi Two
November 29, 1985
hjgh24jj@yopmail.com
225 252 5252
Two

ADDITIONAL CARDHOLDER(S)

Addi Three
April 26, 1960
hjghjjdd@yopmail.com
424 242 4242
Three

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)

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

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Manager, Edmonton Branch