



Canadian Western Bank

New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

June 13 CWB
45 Charles Street East
Toronto, ON
M3A1X8

NATURE OF BUSINESS

Legal-services

BUSINESS TYPE

Corporation

CIF NUMBER

121212

HOME BRANCH

Calgary Main

Card Information

CARD TYPE

CWB Business

BUSINESS NAME ON CARD

Mobile Inc

CREDIT LIMIT REQUESTED

\$500

CWB BUSINESS PRO PACKAGE UPGRADE

No

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)

Admin(full access)

Admin One
January 01, 2005
june13.cwb.adminone@yopmail.com
121 212 1212
Admin 1

Cardholder(s)

PRIMARY CARDHOLDER

Primary Cardholder
January 01, 2005
june13.cwb.primary@yopmail.com
123 455 5555
Primary Cardholder

ADDITIONAL CARDHOLDER(S)

Cardholder Test
January 01, 2005
june13.cwb.cardholder@yopmail.com
483 098 0932
Cardholder
Spend limit : \$100

ADDITIONAL CARDHOLDER(S)

Cardholder Two
January 01, 2005
june13.cwb.cardholder2@yopmail.com
390 284 0932
Cardholder 2
Spend limit : \$100

ADDITIONAL CARDHOLDER(S)

Cardholder Three
January 01, 2005
june13.cwb.cardholder3@yopmail.com
322 323 2323
Cardholder 3
Spend limit : \$100

ADDITIONAL CARDHOLDER(S)

Cardholder Four
January 01, 2005
june13.cwb.cardholder4@yopmail.com
123 213 2321
Cardholder 4
Spend limit : \$100

ADDITIONAL CARDHOLDER(S)

Admin One
January 01, 2005
june13.cwb.adminone@yopmail.com
121 212 1212
Admin 1

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: _____

CWB RELATIONSHIP MANAGER

First and Last Name: _____

Banking Center: _____

SIGNER(S)

First and Last Name: _____

Position Title: _____

APPLICATION PREPARED BY

CWB CMS

CMS, Calgary Main Branch