

<b>Business Information</b>		Card Information	Card Information						
BUSINESS NAME & ADDRESS June 6 4101 yonge Toronto, ON M4Y2X6		<b>CARD TYPE</b> CWB Echelon Rewards	BUSINESS NAME ON CARD June 6						
<b>NATURE OF BUSINESS</b> Arts, Entertainment, Recreation, Sports	BUSINESS TYPE Sole Proprietorship	<b>CREDIT LIMIT REQUESTED</b> \$10000	<b>CWB BUSINESS PRO PACKAGE UPGRADE</b> Yes						
<b>CIF NUMBER</b> 123456	HOME BRANCH Calgary Main	DELIVERY METHOD*	* 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							
		Primary Lastname January 01, 2005 cwbbiz.kevin2@yopmail.com 123 123 1234 PM							

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:			First and Last Name:							
Position Title:			Position Ti	itle:						
Signature	Date		Signature				Date			_
CWB RELATIONSHIP MANAGER			APPLICATION PREPARED BY							
First and Last Name:			CWB CMS							
Banking Center:			CMS, Calg	gary Main	Branch					
Signature	Date									