

| Business Information | | Card Information | Card Information | | | |
|-------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| BUSINESS NAME & ADDRESS New Business 111 Elizabeth Street, ON M5G1P7 | | CARD TYPE CWB Echelon Rewards | BUSINESS NAME ON CARD New Business | | | |
| NATURE OF BUSINESS Arts, Entertainment, Recreation, Sports | BUSINESS TYPE Corporation | CREDIT LIMIT REQUESTED \$1000 | PLAN DETAILS CWB Business | | | |
| CIF NUMBER 010101 | HOME BRANCH Toronto | 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) | | Cardholder(s) | | | | |
| | | PRIMARY CARDHOLDER stella salder January 01, 1993 svs@yopmail.com 444 444 4444 primary | | | | |
| Alternate Mailing Instructions (v | vithin 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) | | | SIGNER(S) | | | |
| First and Last Name: | | | First and Last Na | me: | | |
| Position Title: | | | Position Title: | | | |
| | | | | | | |
| Signature | Date | | Signature | | Date | |
| CWB RELATIONSHIP MANAGER | | | APPLICATION P | REPARED BY | | |
| First and Last Name: | | | Thomas Patterso | n | | |
| Banking Center: | | | Manager, Edmonto | on Branch | | |
| | | | | | | |
| Signature | Date | | | | | |