



Canadian Western Bank New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

SIMPLY COUNSELLING INC
8318 120 Street, Unit 401
Surrey, BC
V3W3N5

NATURE OF BUSINESS

Medical-and-healthcare

BUSINESS TYPE

Corporation

CIF NUMBER

840092

HOME BRANCH

Surrey

Card Information

CARD TYPE

CWB Echelon Rewards+

BUSINESS NAME ON CARD

SIMPLY COUNSELLING INC

CREDIT LIMIT REQUESTED

\$35000

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

RAMANDEEP GILL
October 30, 1984
rgill@simplycounselling.ca
778 773 8488
BFS - CLINICAL COUNSELLOR

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

CWB Operator

Manager, Edmonton Branch