



Canadian Western Bank

New Business Mastercard Application

Business Information

BUSINESS NAME & ADDRESS

Seven User No Admin Level Two
2323 32 Avenue Northeast
Calgary, AB
T2E6Z3

NATURE OF BUSINESS

Design, Creative

BUSINESS TYPE

Sole Proprietorship

CIF NUMBER

500000

HOME BRANCH

Calgary Main

Card Information

CARD TYPE

CWB Echelon Rewards

BUSINESS NAME ON CARD

DSSA

CREDIT LIMIT REQUESTED

\$500

CWB BUSINESS PRO PACKAGE UPGRADE

No

* 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)

ads dsd
January 01, 2005
hjgsddsadf@yopmail.com
432 334 2343
vsd

Cardholder(s)

PRIMARY CARDHOLDER

Prim kjdsa
January 01, 2005
hjgsdfdsadsa@yopmail.com
434 234 3243
dsadas

Admin(full access)

Asasdf sdaa
January 01, 2005
hjsdsadgsdf@yopmail.com
543 543 5445
fsdfsd

ADDITIONAL CARDHOLDER(S)

asd adds
January 01, 2005
hjdsfgsdf@yopmail.com
234 324 3453
sdad
Spend limit : \$50

ADDITIONAL CARDHOLDER(S)

Card fd
January 01, 2005
hjgsdfdsfsdff@yopmail.com
122 112 3232
gf
Spend limit : \$55

ADDITIONAL CARDHOLDER(S)

fadsfdfsdf fdfsdf
January 01, 2005
hjgsdewfwe@yopmail.com
234 324 3432
dfd
Spend limit : \$50

ADDITIONAL CARDHOLDER(S)

ads dsd
January 01, 2005
hjgsddsadf@yopmail.com
432 334 2343
vsd

ADDITIONAL CARDHOLDER(S)

Asasdf sdaa
January 01, 2005
hjsdsadgsdf@yopmail.com
543 543 5445
fsdfsd

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