

<b>Business Information</b>		Card Information			
BUSINESS NAME & ADDRESS Super educations 3401 Dufferin Street, ON M6A2T9		<b>CARD TYPE</b> CWB Echelon Rewards	<b>BUSINESS NAME ON CARD</b> Super educations inc.		
NATURE OF BUSINESS	BUSINESS TYPE	CREDIT LIMIT REQUESTED	PLAN DETAILS		
Education-and-training	Corporation	\$22000.00	CWB Business		
<b>CIF NUMBER</b> 242423	HOME BRANCH Toronto	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 proce the application.		
Admin(s)		Cardholder(s)			
LEVEL 1	LEVEL 2	PRIMARY CARDHOLDER			
Admin One December 31, 1969 adm1.superedu@yopmail.com 234 567 8901 CA	Admin Two December 31, 1969 adm2.superedu@yopmail.com 234 567 8901 Account	Primary Test January 01, 2005 prim.superedu@yopmail.com 234 567 8901 Manager			
		ADDITIONAL CARDHOLDER(S)	ADDITIONAL CARDHOLDER(S)		
		Cardholder Test	Cardholder Two		
		January 01, 2005	January 01, 2005		
		card1.superedu@yopmail.com	card2.superedu@yopmail.com		
		234 567 8901	234 567 8901		
		BA	Analyst		

## 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)			SIGNER(	S)				
First and Last Name:			First and	Last Nar	ne:			
Position Title:			Position Ti	ïtle:				
Signature	Date		Signature			Date		
CWB RELATIONSHIP MANAGER			APPLICATION PREPARED BY					
First and Last Name:			Thomas P	Pattersor	1			
			N.4	<b>-</b> 1	Davash			

Ban	king (	Cent	ter:
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Manager, Edmonton Branch

Signature

Date