

Canadian Western Bank New Business Mastercard Application

Business Information Card Information CARD TYPE BUSINESS NAME & ADDRESS BUSINESS NAME ON CARD CWB Business ZZ Arts ZZ Arts 4101 Yonge Street Toronto, ON M2P2E3 **NATURE OF BUSINESS BUSINESS TYPE CREDIT LIMIT REQUESTED CWB BUSINESS PRO PACKAGE UPGRADE** Arts, Entertainment, Recreation, Sports Sole Proprietorship \$15000 No * There will be a \$25 CAD fee per card for **HOME BRANCH CIF NUMBER DELIVERY METHOD*** express delivery with tracking number. Fast 235235 ☐ [Fast Card] Card option only applies to physical card deliveries and will not affect the time to process the application. Admin(s) Cardholder(s) Admin(full access) PRIMARY CARDHOLDER Admin One **Primary Test** January 01, 2005 January 01, 2005 adm1.zzarts@yopmail.com primary.zzarts@yopmail.com 234 567 8901 234 567 8901 Director Manager ADDITIONAL CARDHOLDER(S) ADDITIONAL CARDHOLDER(S) Card One Card Two January 01, 2005 January 01, 2005 card1.zzarts@yopmail.com card2.zzarts@yopmail.com 234 567 8901 234 567 8901 CA BA Spend limit: \$1000 Spend limit: \$1500 ADDITIONAL CARDHOLDER(S) ADDITIONAL CARDHOLDER(S) Card Three Card Four January 01, 2005 January 01, 2005 card3.zzarts@yopmail.com card4.zzarts@yopmail.com 234 567 8901 234 567 8901 Designer HRSpend limit: \$2200 Spend limit: \$1999 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. this day of , 20 SIGNER(S) SIGNER(S) **First and Last Name:** First and Last Name: Position Title: Position Title: Signature Date Signature Date **CWB RELATIONSHIP MANAGER** APPLICATION PREPARED BY **CWB Operator** First and Last Name: , Branch Banking Center: Signature Date