

Business Information		Card Information	
BUSINESS NAME & ADDRESS Admin Testing 66 Wellington Street West Toronto, ON M5K1A2		CARD TYPE CWB Echelon Rewards	BUSINESS NAME ON CARD Admin Testing
NATURE OF BUSINESS Arts, Entertainment, Recreation, Sports	BUSINESS TYPE Sole Proprietorship	CREDIT LIMIT REQUESTED \$6666	CWB BUSINESS PRO PACKAGE UPGRADE
CIF NUMBER 6666666	HOME BRANCH	DELIVERY METHOD*	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)		Cardholder(s)	
Admin(full access)	Admin(view only)	PRIMARY CARDHOLDER	
dherh wrgwrg January 01, 2005 wegwe@yopmail.com 214 234 2324 4	fbh dfh January 01, 2002 erghre@yopmail.com 342 342 3432 4	wrh sgv January 01, 2005 eqgwe@yopmail.com 141 432 2232 231	
		ADDITIONAL CARDHOLDER(S) other cm January 01, 2002 sdvs@yopmail.com 213 123 1321 32123 Spend limit : \$44	ADDITIONAL CARDHOLDER(S) dherh wrgwrg January 01, 2005 wegwe@yopmail.com 214 234 2324 4
		ADDITIONAL CARDHOLDER(S) fbh dfh January 01, 2002 erghre@yopmail.com 342 342 3432 4	

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)

SIGNER(S)

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First and Last Name:		First and Last Name:		
Position Title:		Position Title:		
Signature CWB RELATIONSHIP MANAGER	Date	Signature APPLICATION PREPARED BY	Date	
First and Last Name:		CWB Operator		
Banking Center:		, Branch		
Signature	Date			