

<b>Business Information</b>		Card Information	
BUSINESS NAME & ADDRESS Axcon 1234 Hornby Street Vancouver, BC V6Z1W2		CARD TYPE CWB USD Business	BUSINESS NAME ON CARD Axcon
<b>NATURE OF BUSINESS</b> Food, Foodservice, Hospitality	BUSINESS TYPE Sole Proprietorship	<b>CREDIT LIMIT REQUESTED</b> \$123	<b>CWB BUSINESS PRO PACKAGE UPGRADE</b> Yes
<b>CIF NUMBER</b> 334566	HOME BRANCH	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 process the application.
Admin(s)		Cardholder(s)	
		PRIMARY CARDHOLDER	
		ac cc January 01, 2005 nbbb@yopmail.com 445 566 7788 test	
		ADDITIONAL CARDHOLDER(S)	
		aa aa February 01, 2005 nbggfg@yopmail.com 344 455 6667 test Spend limit : \$12	
Alternate Mailing Instructions	s (within Canada and U.S. or	ly)	

## 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)	
First and Last Name:		First and Last Name:	
Position Title:		Position Title:	
Signature	Date	Signature	Date
CWB RELATIONSHIP MANAGER		APPLICATION PREPARED BY	

First and Last Name:		CWB Operator
Banking Center:		, Branch
Signatura	Data	
Signature	Date	