

| <b>Business Information</b>   |   | Card Information   | Card Information  |  |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|--|
| BUSINESS NAME & ADDRESS<br>Gfhvgh<br>1235 Wilson Avenue<br>Toronto, ON<br>M3M3G8                |   | CARD TYPE<br>CWB USD Business  | <b>BUSINESS NAME ON CARD</b><br>Fgf Dfhh  |  |  |  |  |  |  |  |
| NATURE OF BUSINESS<br>Insurance-accounting-and-banking  | BUSINESS TYPE<br>Corporation  | <b>CREDIT LIMIT REQUESTED</b><br>\$34  | CWB BUSINESS PRO PACKAGE<br>UPGRADE<br>Yes  |  |  |  |  |  |  |  |
| <b>CIF NUMBER</b><br>34534  | HOME BRANCH<br>Toronto  | <b>DELIVERY METHOD*</b><br>[Fast Card]   | * There will be a \$25 CAD fee per card for<br>express delivery with tracking number. Fast<br>Card option only applies to physical card<br>deliveries and will not affect the time to process<br>the application. |  |  |  |  |  |  |  |
| Admin(s)  |   | Cardholder(s)  |   |  |  |  |  |  |  |  |
| Admin(full access)<br>me me<br>January 02, 2004<br>meme24@yopmail.com<br>345 345 3453<br>vcbcvb | Admin(view only)<br>cfgbcvb cvbcvb<br>February 02, 2004<br>meme25@yopmail.com<br>678 576 4646<br>fgdfhdfh | PRIMARY CARDHOLDER<br>fgdf fdgdf<br>January 01, 2004<br>fghfgh@dfhf.fhf<br>456 456 4456<br>gfhfg |   |  |  |  |  |  |  |  |

## 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 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                |        |  |  |      |      |  |  |
|                          |      |      |                         |        |  |  |      |      |  |  |
| Signature                | Date |      |                         |        |  |  |      |      |  |  |