



# Canadian Western Bank

## New Business Mastercard Application

### Business Information

#### BUSINESS NAME & ADDRESS

New Acc  
1100 King Street West  
Toronto, ON  
M6K0C6

#### NATURE OF BUSINESS

Arts, Entertainment, Recreation, Sports

#### BUSINESS TYPE

Corporation

#### CIF NUMBER

111111

#### HOME BRANCH

Toronto

### Card Information

#### CARD TYPE

CWB Business

#### BUSINESS NAME ON CARD

New Acc

#### CREDIT LIMIT REQUESTED

\$1111

#### DELIVERY METHOD\*

☐ [Fast Card]

\* 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)

#### LEVEL 1

new admin  
January 01, 2000  
newadmin1.cwb@yopmail.com  
123 123 1234  
JOB

#### LEVEL 2

new admintwo  
January 01, 2000  
newadmin2.cwb@yopmail.com  
123 123 1234  
JOB

### Cardholder(s)

#### PRIMARY CARDHOLDER

new acc  
January 01, 2000  
newacc.cwb@yopmail.com  
123 123 1234  
JOB

#### ADDITIONAL CARDHOLDER(S)

cm cwb  
January 01, 2000  
cm1.cwb@yopmail.com  
123 123 1234  
JOB

### 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)

##### First and Last Name:

##### Position Title:

Signature

Date

#### CWB RELATIONSHIP MANAGER

##### First and Last Name:

##### Banking Center:

Signature

Date

#### SIGNER(S)

##### First and Last Name:

##### Position Title:

Signature

Date

#### APPLICATION PREPARED BY

##### CWB Operator

Manager, Edmonton Branch