

Banking Center:

Date

Signature

Canadian Western Bank New Business Mastercard Application

Business Information Card Information BUSINESS NAME & ADDRESS CARD TYPE BUSINESS NAME ON CARD CWB Business Fsdfds Sdfds 123 Edward Street, ON M5G0A8 **NATURE OF BUSINESS BUSINESS TYPE CREDIT LIMIT REQUESTED PLAN DETAILS** \$12 CWB Business + Insurance-accounting-and-banking Corporation * There will be a \$25 CAD fee per card for **CIF NUMBER HOME BRANCH DELIVERY METHOD*** express delivery with tracking number. Fast ☐ [Fast Card] 323423 **Toronto** Card option only applies to physical card deliveries and will not affect the time to process the application. Cardholder(s) Admin(s) **LEVEL 1 PRIMARY CARDHOLDER** dfdf gdgdf **CWB Test** January 01, 2005 January 01, 2005 xcvcxv@yopmail.com dfdfgdgdfg@yopmail.com 434 353 4534 434 353 4534 dsfsd dfdf 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 day of this SIGNER(S) SIGNER(S) First and Last Name: First and Last Name: Position Title: Position Title: Date Date Signature Signature **CWB RELATIONSHIP MANAGER** APPLICATION PREPARED BY **Thomas Patterson** First and Last Name:

Manager, Edmonton Branch