



CanAm Wellness Ltd.
Group of Companies
Your Health is Our Business

1554 Carling Ave. Suite 50
Ottawa Ontario K1Z-7M4

www.canamwellness.com

Dealer Application

General Information

Company name:

Contact:

Address

Street: City: State/Province: Zip/Postal Code: Country:

Main phone: Fax number: Cell/other number:

Email: Website:

Nature of business and product line:

Business Profile

Year established:

No. of employees:

Annual sales volume:

Legal Status (check applicable)

| | |
|----------------------------|---------------------------|
| Proprietorship | Partnership |
| Privately-held Corporation | Publicly-held corporation |
| Non-profit | Subsidiary |
| LLC | Other |

Billing Information

Payment method (PayPal, credit card, or other):

Billing address (if different from above):

Street: City: State/Province: Zip/Postal: Country:

Complete the following information for credit card to be kept on file

Name on card

CC Number: Expiration date (MM/YY): Security code:

Bank of account: Account number:

Banker contact: Telephone:

Notes:

Terms:

In consideration of drop-shipping for CanAm Wellness Ltd., I _____, hereby personally guarantee CanAm Wellness Ltd. payment of any obligation of _____. I hereby agree to bind myself for payment of any unpaid debt, including financing charges, shipping and handling, collection costs, and/or attorney fees whenever the above applicant shall default. It is understood that this guarantee shall be continuing and irrevocable for indebtedness. I also acknowledge receipt of and agree to all "Terms and Conditions" of CanAm Wellness Ltd.

Authorized signature

Title

Date