



**Novel Products Inc**  
PO Box 408 • 3266 Yale Bridge Road  
Rockton, IL 61072-0408

(815) 624-4888 (800) 323-5143 Fax (815) 624-4866  
Email - NovelProd@aol.com Website: www.NovelProductsInc.com

*Manufacturer of:*

*Exer-Cor®*

*Flex-Tester*

*Acuflex I®*

*Acuflex II®*

*Acuflex III®*

*Figure Finder®  
Tape Measure*

*Fat-O-Meter®  
Skinfold Caliper*

*Hydro-Tank*

*Hydro-Stand*

*Stadi-O-Meter*

*Crunchster®*

*Quickstick*

*Push Up Balance  
Challenge*

*Foot Placement  
Ladder*

*Convertible  
Variable Balance  
Beam*

*Modified Chin Up  
Device*

*Balance Beams*

*Vestibular Balance  
Board*

**Online Dealer Application (please type or print)**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: (800) \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Company Officers:

\_\_\_\_\_

\_\_\_\_\_

Resale Number: \_\_\_\_\_ SS/FEIN Number: \_\_\_\_\_

Years in business: \_\_\_\_\_ Number of Employees \_\_\_\_\_ Gross Sales: \_\_\_\_\_

Are you a catalog house? \_\_\_\_\_ What territory do you cover? \_\_\_\_\_

\_\_\_\_\_

Describe your current business: \_\_\_\_\_

\_\_\_\_\_

Describe your plan for marketing our products line: \_\_\_\_\_

\_\_\_\_\_

Which of our products will you be selling: \_\_\_\_\_

\_\_\_\_\_

Will you be: ( ) stocking products ( ) having products drop shipped ( ) both

Desired payment method:

( ) credit card ( ) purchase order (net 30 terms) ( ) prepay by check

\*enclosed authorization form must be completed and returned with this application



# AUTHORIZATION FOR CREDIT CARD PURCHASES

Visa - Mastercard - American Express - Discover Card

To make purchases with your charge card, please fill out the card below and mail it to Novel Products, Inc., at address below or fax it to (815) 624-4866.

**NOVEL PRODUCTS, INC.**

**PO BOX 408**

**ROCKTON, IL 61072**

I hereby authorize Novel Products Inc, to charge my charge account for invoices for purchases, and to retain this authorization in my file to be used on future orders until cancelled in writing by me.

Visa     Master Card     American Express     Discover Card

Name (print) : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

# Blanket Certificate of Resale\*

This is to certify that all services, material, merchandise, or goods purchased  
by the undersigned from  
Novel Products, Inc  
(seller)

after

\_\_\_\_\_ (date)

were purchased for the following purpose:

- Resale as tangible personal property
- Resale as a service (see Rule 12A-1.038(12), F.A.C.)
- To be exported for sale, use, or consumption outside the continental limits of the United States.

This certificate shall be considered a part of each order which we shall give provided such order contains our certificate number. This certificate is to continue in force until revoked.

PURCHASER (Company): \_\_\_\_\_

BY: (please sign) \_\_\_\_\_

TAX NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

\*This form is a sales tax exemption form. We are required to charge you sales tax unless this form is on file at Novel Products, Inc. Please fill out the form, sign it, and send it to:

Novel Products, Inc.  
PO Box 408  
Rockton, IL 61072