



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

Bank References	
Bank Name and Address	Contact Name and Phone Number

Trade References Please provide phone number of person/department that can provide your credit reference, not your sales representative. Accurate information will help us process your application quicker.		

Please approve and accept our request to become a dealer for your products. We recognize Novel Products, Inc., reserves the right to refuse this application without explanation. We further recognize Novel Products, Inc., reserves the right to change terms, pricing, product design, etc., without prior notice. We understand our first order must be at least \$150 and to remain a dealer in good standing, we must make purchases of at least \$1000 each calendar year. We also understand accounts with amounts owing in excess of 60 days may be subject to cancellation of dealership status.

Signature Title Date

FOR OFFICE USE ONLY:

This application has been () approved with terms indicated below () disapproved

() credit card only (authorization must be on file) () net 30 with purchase order

() prepaid by check

Date: _____ Signature: _____

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