



# 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

## Foreign Dealer Application (please type or print)

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name of Company Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Are you a catalog house? \_\_\_\_\_ (If yes, please send copy of your catalog w/application.)

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: \_\_\_\_\_

Desired payment method:

prepaid with credit card\* (subject to fees)

prepaid by wire transfer (subject to wire fees)

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

<b>Bank References</b>	
Bank Name and Address	Contact Name and Phone, and FAX Number(s)

**Trade References** Please provide phone and fax numbers 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 U.S. dollars to remain a dealer in good standing and we must make purchases of at least \$1,000 U.S. dollars 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 \_\_\_\_\_

PLEASE TYPE THE NAME OF THE PERSON SIGNING THIS FORM BELOW

\_\_\_\_\_

RETURN BY FAX: 815/624-4866

**FOR OFFICE USE ONLY:**

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

Payment terms: ( ) credit card only (authorization must be on file)

( ) prepaid by wire transfer

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

Letter of approval sent: \_\_\_\_\_

Dealer price list sent: \_\_\_\_\_

# 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: \_\_\_\_\_