



“Changing the future for all children, by increasing their health, wellness, and education through movement.”

AUTHORIZED DEALER APPLICATION

Action Based Learning
315 Industrial Rd. Summerville, SC 29483
TEL: 843.879.2201 **PURCHASE ORDERS:** orders@kidsfit.com
<https://www.abllab.com/> customerservice@kidsfit.com

Thank you for your interest in our action based learning products. Please provide the following information to be considered for acceptance as an Action Based Learning Authorized Dealer.

REGISTERED BUSINESS NAME:		DBA		
Filing as (Corp/LLC/Sole)		Resale Tax #		
Shipping Address:		Year Business Established		
Billing Address:		Preferred Freight Broker		
Name of Company Officers & Title		Officers Email		
Contact #				
Main #				
Website				
Authorized Payment Method	Card Type:	Credit Card # on File		
International Customers Pre-payment via Wire Transfer Required	Acct #	Routing #		
Bank Name Address				
Bank Contact Phone/Email				
Requested Dealer Type: Which product lines are you interested in?	Youth Fitness Equipment Pediatric/Rehab/Adaptive Challenge Courses/Climbing Walls Kinesthetic Classroom Furniture Action Based Learning Labs			
Sales and Marketing				

Describe your plan for marketing these product lines			
Target Market Describe your primary customer base			
Industry Experience Tell us about your company and what sets you apart			
Any other important information about yourself or your company you would like to share?			
I agree to the adhere to the following conditions:	Initial	Office Use Only	
A minimum of (1) of Action Based Learning's product lines must be posted on the dealer's website within 30 days of dealership approval as a requirement. Failure to do so will suspend authorized dealer status.			
I understand the pictures and specs can be taken directly off the Action Based Learning Website, after the Action Based Learning Privacy Waiver is signed. Dealer Rights to images must be renewed annually along with the dealer application.			
I have included the credit card authorization form (p.3) with my application.			
I have included a copy of company resale certificate with my application.			

DEALER REQUEST FOR AUTHORIZATION

PLEASE ACCEPT AND APPROVE MY REQUEST TO BECOME A DEALER OF YOUR PRODUCTS. I RECOGNIZE ACTION BASED LEARNING RESERVES THE RIGHT TO REFUSE THIS APPLICATION WITHOUT EXPLANATION. I UNDERSTAND AND AGREE TO POST THE ACTION BASED LEARNING EQUIPMENT ON MY COMPANY'S WEB SITE WITHIN THIRTY(30) DAYS OF APPROVAL OF MY DEALERSHIP. MINIMUM DOMESTIC FIRST ORDER IS \$5,000 PRE PAID. I FURTHER RECOGNIZE ACTION BASED LEARNING RESERVES THE RIGHT SELL DIRECT, TO CHANGE TERMS, PRICING, PRODUCT DESIGN, ETC WITHOUT PRIOR NOTICE. INTERNATIONAL DEALER TERMS ARE PREPAY PRIOR TO SHIP VIA WIRE TRANSFER.

SIGNATURE:

DATE:

FOR OFFICE USE ONLY:

THIS APPLICATION HAS BEEN

() APPROVED WITH TERMS INDICATED BELOW OR

() DISAPPROVED

() PAYMENT TERMS

() CREDIT CARD ONLY- AUTHORIZATION MUST BE ON FILE

() WIRE TRANSFER PAYMENT

() CHECK OR CHECK DRAFT PAYMENT

APPROVED BY: _____ DATE: _____

_____ LETTER OF APPROVAL _____ DEALER PRICE LIST