

Dealer Opportunity Form

Thank you for your interest in becoming an authorized Springfree™ Trampoline Inc. Dealer! If you are interested in selling Springfree™ brand products, complete this form and a Springfree™ representative will be in touch with you.



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www.springfreetrampoline.com

Name		Business Name
Address		
City	State/Province	Zip/Postal Code
Phone number	Fax number	Email address

Your Business Info

Business Web Site: _____ When was your business established? _____

What is the primary focus of your business? _____

What are the primary brands you represent? _____

Do you import any of your brands? If yes, from where? _____

Do you have any experience selling? If yes, please describe: _____

Do you have a retail store front? If yes, please describe: _____
(How many? Include city & zip code)

Approximate size of outdoor space: _____ Approximate size of indoor space: _____

How did you hear about Springfree™ Trampoline Inc.? _____

Before submitting this Opportunity Form, you must read the following statement below and agree to the following:

I submit this Opportunity Form for review by Springfree™ Trampoline Inc., its officers, employees and agents. The information that I am submitting to Springfree™ Trampoline is accurate. I understand and agree that this Opportunity Form does not bind or obligate Springfree™ Trampoline Inc. in any way to offer me a Springfree Dealership. Any investments, expenditures, agreements and other acts or omissions made by me in anticipation of such a Dealership or in reliance upon this Opportunity Form are made at my sole risk and responsibility and do not obligate Springfree™ Trampoline Inc. or any of its employees or agents to me in any way.

I acknowledge that no representations or statements have been made to me by Springfree™ Trampoline, or on Springfree™ Trampoline Inc.'s behalf, that would in any way tend to change or modify any terms of any Dealership that may be offered to me or executed, if any. I am not relying upon any such representations or statements from any Springfree™ Trampoline Inc. representative in submitting this Opportunity Form.

Authorized Signature: _____ Date: _____