

## Affiliate Application Form

Thank you for your interest in joining the vibeRx Affiliate Program! In order to best serve you, please complete this brief form and our sales manager will contact you as soon as possible.

**We are looking forward to speaking with you!**

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Business phone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Personal phone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

E Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Business name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Years in business: \_\_\_\_

Business federal tax ID #: \_\_\_\_\_

Already own a WBV machine?: Y N

How shall we best contact you? \_\_\_\_\_

Best Times to contact you? \_\_\_\_\_

Person referring you? \_\_\_\_\_

Are you an affiliate for any other products or services? Y N

If yes, which? \_\_\_\_\_

Are you an affiliate for any products competing with Viberx? Y N

If so, which? \_\_\_\_\_

Job title in addition to name \_\_\_\_\_

**Please email this form to: [affiliates@vibeRx.com](mailto:affiliates@vibeRx.com) or fax 888.328.1488**