



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.

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 #: _____

Do you already own a WBV machine? Please circle either: Y or N

If yes, which brand and model? _____

How shall we best contact you? _____

Best Times to contact you? _____

Are you an affiliate for any other products or services? Please circle either: Y or N

If yes, which? _____

Are you an affiliate for any products competing with vibeRx? Please circle either: Y or N

If "yes", which? _____

Job title in addition to name _____

Please email this form to: affiliates@vibeRx.com or fax 888.328.1488
We are looking forward to speaking with you!