



Equestrian Network Safety Program™ (ENSP) Application

Please FAX at: **1-866-935-1094**

First Name: _____ Last Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ E-mail : _____
 Phone: _____ Fax: _____ DOB: ____/____/____ (mo/date/year)

! (important) Your Web site address: _____

! (important) URL of your website page where an **affiliate link to air-vest.com will be put (will send you the customized link):**

Tell us a little about yourself

- Are you presently in good health? Yes No
- Are you married? Yes No
- Do you own your own business? Yes No
- What is your highest level of education:
- High school graduate Some college College Graduate
- Post Graduate
- Your favorite equestrian activities:
- Where do you envision yourself promoting the hit-air airbag vest safety apparel?

Optional: Names of Organization(s), Church or Social Club(s):

Please give us 2 references:

Name: _____ Address: _____
 City: _____, State: _____ Zip: _____
 Telephone: _____
 Name: _____ Address: _____
 City: _____, State: _____ Zip: _____
 Telephone: _____

I certify that to the best of my knowledge all information contained in this application is true and correct.
 I agree to give a feedback or testimonial to Air-Vest.com on the hit-air products performance.
 I agree to promote the use of the hit-air safety apparel through word of mouth, personal cards (sharing my discount code number), flyers with explanation of how the product works.

Applicant's signature: _____ Date: ____/____/____ (mo/date/year)