

Affiliate Signup Form

Please provide the following information:

*Required

Company Name: _____

Mailing Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number*: _____ Fax Number: _____

Contact Person*: _____ Title: _____

Your Website URL: _____

Email Address*: _____

SS# / Tax ID#: _____

If you are not familiar with Tom Barefoot's Tours Affiliate Program please go to
<http://www.barefoottoursaffiliate.com>
for complete details.

Please Fax To: 1-800-580-5933 ATTN: Sharon Woodall

Or Mail to:

Tom Barefoot's Tours
PO Box 1887
Kahului HI 96733