



# Silver Lining Herbs

HEALTH PRODUCTS FOR HORSES AND DOGS

## Endorsee Application

*Upon completion please return to:  
Chance Schuknecht, Silver Lining Herbs, 1208 Burley Ave, Buhl, ID 83316 or  
chance@silverliningherbs.com*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

SLH Products you currently use: \_\_\_\_\_

How long have you been using Silver Lining Herbs: \_\_\_\_\_

Please list any associations you belong to with your rating: \_\_\_\_\_

List your most important accomplishments with the most recent listed first, you may also attach resume with accomplishments:

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What are your goals in the next five years: \_\_\_\_\_

How often do you compete:

- None
- 1-3 times per month
- 4-7 times per month
- 8+ per month

Will you recommend Silver Lining Herbs to anyone with whom you come in contact: \_\_\_\_\_

Will you wear Silver Lining Herbs patches on your shirt if furnished: \_\_\_\_\_

Are you active on social media?

- Facebook
- Instagram
- Twitter
- Snapchat

Prepare and submit a video that you would feel comfortable posting on social media of your experience and personal testimonial of Silver Lining Herbs. Also, include any additional information you may feel necessary.

Please list three references with phone numbers:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date