



Instructions

Please complete the following form to apply for the Folsac Content Partnership Program.
Once completed, save the form and email it to _____

Personal Information

Full Name (Legal Name):* _____

Stage Name/Brand Name (if applicable):* _____

Email:* _____ Phone Number:* _____

Social Media Handles:* _____

Website or Portfolio (if applicable):* _____

Content Information:

Type of Content Specialization: _____

Provide details about the type of content you create, e.g., photography, videography, vlogging, etc.

Equipment Used: _____

List the primary equipment you use, such as cameras, lighting, editing software, etc.

Content Metrics:

Average Engagement Rate: _____

Insert details here

Number of Followers (by platform):

Instagram: _____ YouTube: _____

PornHub: _____ Twitter: _____

Xvideos: _____ Other: _____

References and Experience

Have you previously worked with other brands?: Yes NO

If yes, please list the brands and describe your role: _____

Insert details here

Provide links to three examples of your work: _____

Insert link here

Insert link here

Insert link here

Additional Information:

Anything else you'd like us to know? _____

Provide your answer here.

Acknowledgement:

By submitting this form, you agree to the terms and conditions of the Folsac Content Partnership Program.
If accepted, you will receive further details about the program.

Signature: _____

Date: _____

Thank you for your interest in partnering with Folsac.
We look forward to reviewing your application!