



EXCLUSIVE PREMIER SALON PARTNERSHIP PROGRAM



DESIGNER SKIN®



This agreement is valid from 11/1/2025 through 10/31/28. The salon also agrees to choose one distributor, as indicated on this form, as its sole distributor. The salon will obtain their lotion sales report(s) from their chosen distributor. Only claims submitted from said distributor will qualify for Co-op funds as outlined in the Exclusive Salon Program.

Salon Name _____ Salon Phone # _____

Owner Name _____ Email Address _____

Address _____ Salon Website _____

Owner Phone # _____

of Salons (must provide list of addresses/phone numbers for all locations) _____

EXCLUSIVE PREMIER SALON CATEGORIES

By checking the box below the salon above agrees to feature, display, offer to sell, recommend, endorse or otherwise promote the New Sunshine family of brands as seen below in that category.

Check **ONLY ONE** Program Per Category to Participate:

- Category 1 **15% Cash Back on UV Lotion With Advertising** OR **8% Cash Back on UV Lotion**
MUST USE LOGOS ON SALON MATERIALS, SOCIAL MEDIA, AND WEBSITE
- Category 2 **20% Cash Back on Sunless Lotion With Advertising** OR **8% Cash Back on Sunless Lotion**
MUST USE LOGOS ON SALON MATERIALS, SOCIAL MEDIA, AND WEBSITE
- Category 3 **25% Cash Back on Sunless Solution With Advertising** OR **8% Cash Back on Sunless Solution**
MUST USE LOGOS ON SALON MATERIALS, SOCIAL MEDIA, AND WEBSITE
- Category 4 **5% Cash Back on New Sunshine branded WOLFF LAMPS (Diamond, Sun, Velocity, Bronzing Sun and Dark Tan Lamps).**

*By signing below, I understand that I am agreeing to sell only New Sunshine branded Exclusive Premier Salon products based on the categories checked above.

Salon Owner Signature _____ Date _____

Distributor _____

All products are to be purchased through indicated distributor. Should the salon decide to change distributors at any time, it is required that New Sunshine, LLC be notified, in writing, of the reason for the change to the address below.

New Sunshine, LLC reserves the right to change or cancel this program at any time.

For Internal Purposes Only:

Distributor Confirmation

The undersigned Distributor has recommended _____ ("Salon") for membership in the Premier Salon Partnership Program. The Distributor confirms that the Salon qualifies as a "Customer" under the Distributorship Agreement between Distributor and New Sunshine, LLC and represents that all sales by Distributor to Salon will comply with the Terms of that Agreement. Distributor acknowledges that sales to persons who do not qualify as Customers are a violation of the Distributorship Agreement.

Signature _____

Name _____ Date _____

All distributor changes must be sent to:

New Sunshine, LLC
Customer Service
8001 Woodland Dr.
Indianapolis, IN 46278
agcustomerservice@australiangold.com
800-633-0069

New Sunshine Executive Director of Sales

Signature _____

Name _____ Date _____