



EXCLUSIVE PREMIER SALON PARTNERSHIP PROGRAM

Australian Gold. CALIFORNIA TAN. DESIGNER SKIN. swedish beauty. jwanda

This agreement is valid from 11/01/2025 through 10/31/2028. The salon also agrees to choose one distributor, as indicated on this form, as its sale 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 No. _____
Owner Name _____ Owner Phone No. _____
Address _____ Salon Website _____
Email _____
Number 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
CATEGORY 2 [] 20% Cash Back on Sunless Lotion with Advertising OR [] 8% Cash Back on Sunless Lotion
CATEGORY 3 [] 25% Cash Back on Sunless Lotion with Advertising OR [] 8% Cash Back on Sunless Solution
CATEGORY 4 [] 5% Cash Back on New Sunshine Branded WOLFF 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.

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.

Salon Owner Signature _____
Date _____

Distributor _____

For Internal Purpose 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 Distributionship Agreement between Distributor and New Sunshine, LLC and represents that all sales by Distributor to Salon will comply with the Terms of that Agreement.

Signature _____
Name _____ Date _____

All distributor changes must be sent to:

New Sunshine, LLC
Customer Service
8001 Woodland Dr.
Indianapolis, IN 46278
infoagi@australiangold.com
800.633.0069

New Sunshine Executive Director of Sales

Signature _____
Name _____ Date _____

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

