



SALON CO-OP ADVERTISING CLAIM FORM

Claim your rewards! Use this form to submit claims for reimbursement of advertising costs. Please see complete guidelines for details.

Salon Name _____
Salon Owner _____
Salon Phone Number _____
Salon Address _____
Email Address _____
Distributor _____
Tax ID Number _____

Are you a Premier Salon? _____

(You must be a Premier Salon, carrying New Sunshine Brands Exclusively, to qualify for Co-op Rewards)

All claims must adhere to all New Sunshine, LLC Co-op Guidelines, as outlined on page 8 of the Bank Book. Please read these requirements carefully and include the following when sending in this form:

1. Copies of invoices or qualifying reports from your distributor showing date, invoice number, product(s) purchased, purchase price, salon name.
2. The actual exclusive advertisement(s) being claimed. No proofs are accepted. All ads submitted must feature at least one Brand Logo and comprise of 15% of the total ad space.
3. Receipt(s) for the ad(s) being claimed, showing date of ad(s) in public view between 11/1/10 to 10/31/11

Salon Owner Signature _____ Date _____

To ensure proper processing, please mail this completed form and all necessary paperwork listed to the address below. The deadline to claim your reimbursement is **December 31, 2011**.

**AUSTRALIAN GOLD, LLC
ATTN CUSTOMER SERVICE
6270 CORPORATE DR
INDIANAPOLIS, IN 46278**

We cannot accept faxed claims. We recommend that you make copies of all paperwork for your files and use a trackable shipping service such as UPS, Fed Ex, or USPS Certified Mail. We are not responsible for lost or delayed claims. Incomplete Claims will not be processed and salon is responsible for providing all necessary documentation.

Australian Gold, LLC reserves the right to verify any documentation and correct as necessary. All paperwork and advertisements become the property of Australian Gold, LLC.