

z.one concept™

REWARDS PROGRAM

QUARTERLY PURCHASE VERIFICATION FORM

(Please print legibly)

SALON NAME _____ OWNER/STYLIST _____

SALON ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ COUNTRY _____

PHONE NUMBER _____

EMAIL _____

DISTRIBUTOR _____

For the quarter of (please check one)

- January – March (Due April 30)
- April – June (Due July 30th)
- July – September (Due October 30th)
- October – December (Due January 30th)

MEMBERSHIP LEVEL SILVER _____ x 5% _____
(salon purchases \$1500 - \$2999 per quarter)

GOLD _____ x 7% _____
(salon purchases \$3000 - \$4999 per quarter)

PLATINUM _____ x 10% _____
(salon purchases \$5000 - \$9999 per quarter)

DIAMOND _____ x 12% _____
(salon purchases \$10 000 + per quarter)

Please fill out the verification form and submit to your z.one concept distributor. Please make a copy of this form for your records. Claims are due 6 weeks after each quarter ends. Claims received after the 6 weeks will not be honored.

We value your business and thank you for your loyalty.