

# SUN EVOLUTIONS PLATINUM SALON PARTNERSHIP ENROLLMENT FORM

Salon Name: \_\_\_\_\_ Salon Phone: \_\_\_\_\_

Salon Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salon Owner: \_\_\_\_\_ Salon Manager (if different than owner): \_\_\_\_\_

Salon Owner Contact #: \_\_\_\_\_ Salon Manager Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Beds: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Salon Distributor: \_\_\_\_\_ Distributor Sales Contact: \_\_\_\_\_

**New to Platinum Program**       **Re-enrolling in Platinum Salon Partner Program**

Are you interested in a Sun Evolutions training for your staff?\*

Yes       No

Do you offer Sunless Services? (Check all that apply)

Yes       Airbrush       Automated       No

Do you offer RedLight Therapy?

Yes       No

## Terms and Conditions:

1. The Salon Owner must sign and submit this Partnership Rebate form in order to participate in the Sun Evolutions Platinum Partnership Program.
2. All products purchased must be between November 1, 2023 and October 31, 2024. Minimum cash back rebate amount of \$200 to qualify and The Salon must submit a W9 with this form.
3. The term of this partnership program is one year. Salon Owner may terminate this agreement and forgo the rebate at any time with 30 days written notice to Sun Evolutions. If you would like this agreement to automatically renew please initial here \_\_\_\_\_.
4. Qualified purchases under this partnership program shall be made through one dedicated Sun Evolutions Distributor. Participation in this program is completely voluntary.
5. The Salon Owner agrees that all information provided is accurate and that Sun Evolutions reserves the right to authenticate and verify compliance of all information provided, as deemed by Sun Evolutions. Sun Evolutions reserves the right to void this offer if information provided is false or inaccurate.
6. One form per Salon Location is required.
7. Deadline to submit rebate and W-9 is December 31, 2024.

Salon Owner Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Salon Owner Signature: \_\_\_\_\_

Please send all rebate forms to:  
Sun Evolutions Platinum Salon Partnership Program  
15770 N. Dallas Pkwy Suite #700  
Dallas, TX 75248    Scan & Email: [gjaeger@sunevolutions.com](mailto:gjaeger@sunevolutions.com)

