

**SALLY BEAUTY SUPPLY LLC
MANUFACTURER'S NEW ITEM PRESENTATION SHEET**

Manufacturer: _____
 Item Description: _____
 Size: _____ Metric Size: _____ SKU #: _____
 Presented by: _____ BARCODE/UPC: _____
 Date Presented: _____

Part I. Merchandising Information

New Item New Size of Current SKU Line Extension

How long on the Market? _____ Where? _____

Available to ship when? _____

For all new items being considered, we must receive a master case of the item at time of presentation or prior to issuance of purchase order.

Master Case Pack: _____ Inner Pack: _____

Special Sally Considerations:

Displays Sally SKU # on item Sally SKU # on master carton

Manufacturer Item Number: _____

Attach a vendor marketing plan inclusive of price off, special advertising, sales and marketing aids, education, off-shelf activity.

Proposed Sally Only Promotional/Flyer Schedule Over 9-12 Months:

Month	Deal Cost	Type of Promotion (i.e., Price Off, B1G1 Free, Coupon, Combo Pack, P/M Spiff, etc.)

Why will this fit in our current product mix? _____

What item(s) will this be targeted to replace or will be discontinued? _____

Cost Information:

Distributor Cost	
Salon Cost	
Sally Cost	

Product Allowances:

Extended dating for initial orders:	
Advertising & Distribution:	
Defective:	

Introductory Cost	

Product Development:
Additional:

What other special allowances are we getting (i.e., markdown money for current item it is to replace, markdown commitments if item does not sell)?

Comparables:

What are comparable items being carried in the marketplace?

Import/Export:

Nafta Cert. (Y/N) _____
 Tariff Code: _____

Country of Origin: _____

Part II. Regulatory Information

THE MANUFACTURER IS SOLEY RESPONSIBLE FOR THE APPROPRIATE PRODUCT CLAIM SUBSTANTIATION AND LABELING OF THIS PRODUCT, INCLUDING, WITHOUT LIMITATION, USE DIRECTIONS, INGREDIENT INDICATIONS/FORMULATION, AND PRECAUTIONARY STATEMENTS OR WARNINGS AND SYMBOLS REQUIRED. THIS SECTION SHOULD BE COMPLETED BY A KNOWLEDGEABLE REGULATORY OR TECHNICAL PERSON.

General Product Information:

Item is a: Cosmetic (ex: shampoo, conditioner, mascara) _____

 OTC Drug (ex: sunscreen, anti-dandruff, anti-acne) _____

 Pesticide (ex:barbicide,disinfectant,insect repellent) _____

 Medical Device (ex: sunglasses, LED/laser device) _____

 Electrical Appliance (ex: hair dryer, hair iron, hair clipper) _____

 Hard Goods (ex: brush, candle, jewelry, vinyl glove) _____

VOC Content: %VOC _____ %HVOC _____ %MVOC _____

Item is VOC regulated by:

 EPA _____ (Y/N)

 State _____ (fill in State)

 Canada _____ (Y/N)

Category of Product (be specific): _____ Pump/Aerosol? _____

(ex: hair spray, mousse, hair styling product)

(OTC products, medical devices, and pesticides may not be sold outside of the US without proof of registration)

Indicate any EPA, FDA, or State registration/listing numbers appropriate to a regulated class.

OTC Drug: FDA Drug Establishment Registration # _____

 FDA Drug Registration # _____

Pesticides: EPA Registration # _____

 State Registration # (include state) _____

 (Attach a list of states if necessary) _____

Cosmetics: FDA Cosmetic Establishment Registration# _____

 FDA Cosmetic Product Registration# _____

} Not Mandatory

Medical Device: FDA Device Establishment Registration # _____
FDA Device Registration # _____

California: List any Prop 65 regulated ingredients _____

European Union: List all ingredients listed under Annex II or III of the EU Cosmetic Directive.

EU Frame Formulation # _____ REACH Compliant (Y/N; if Yes, how?) _____

(To answer yes, product must comply to EU Cosmetic Directive.)

UK Compliant (Y/N) _____ **Germany Compliant (Y/N)** _____
(Label must have German translations.)

Mexico: List all ingredients prohibited or restricted under Mexico's Cosmetic Regulation.

Spanish translation on label (Y/N) _____ **Mexico Compliant (Y/N)** _____

Canada: List all ingredients found on Canada's Hot List or not on the Domestic Substance List (DSL).

French translation on label (Y/N) _____ **Canada Compliant (Y/N)** _____

Cosmetic Notification Form ID# _____

For OTC/NHP, Drug Identification Number (DIN)/Natural Health Product Number (NHP#) _____

Electrical Appliance:

Is the item RoHS compliant? (Y/N) _____
Is the item NRTL certified (ex: UL, ETL, etc.)? _____ (Y/N; if yes, list which)

Hard Goods:

Does the item contain Prop 65 chemicals? ex: lead in jewelry, lead in candle wick, phthalate in vinyl gloves, etc.

(Y/N; If yes, list chemicals) _____

Does the item contain Prop 65 warnings? _____

For candles: Do they contain required warnings? _____

Packaging Waste Categories:

Complete **empty product packaging component weight in GRAMS**. Include only the weight of the **EMPTY** packaging.

Include only the weights of components/packaging that will be taken out of the store at the time of sale.

EXAMPLE: Master carton or inner shippers should NOT be included if these are used to get product from your warehouse to our stores only or for display purposes - the customer does not walk out of the stores with the carton.

ALM:ALM-Aluminum: All _____
GLS:CLR-Glass: Clear _____
GLS:COL-Glass: Color _____
PAP:BBO-Paper:Boxboard, Other _____
PAP:CRG-Paper:Corrugated _____
PAP:PPL-Paper: Laminate _____
PLA:HDP-Plastic: HDPE Bottles _____

STL:AER-Steel: Aerosol Pkg.
STL:OTH-Steel: Other
OTH:OTH-Other Pkg. Material
PRT:MAG-Printed Paper: Magazines
PRT:OTH-Printed Paper: Other
EXE:NOW-No Packaging Waste
EXE:STR-Store Supply Item

PLA:LHF-Plastic: LDPE/HDPE Film
PLA:PET-Plastic: PET Bottles
PLA:PLF-Plastic: Laminant Film
PLA:PLP-Plastic: Polypropylene
PLA:PLS-Plastic: Polystyrene
PLA:OTH-Plastic: Other

Batteries (size & weight) _____
Electrical Devices (total weight) _____
Are you a Steward in Ontario, Canada?
If yes, list Steward #: _____

Regulatory or technical contact:

Name

Title

Telephone: _____

Fax: _____

Email: _____

Part III. Hazardous Material Information

* This form must be filled out for all products offered. If the product is **not** regulated for transportation, then the remaining portions of the form do not apply (**except for aerosols**)

SKU# _____ Description _____

Is the product regulated for transportation (Hazardous or ORM-D/Limited Quantity)? Y / N

UN or NA Number _____

Hazard Class (Primary) _____

Hazard Class (Secondary) _____

Proper Shipping Name _____

Packing Group _____ Unit Weight _____ (in Fl. Ounces)

Can this item be shipped as an ORM-D (US only) or as a Limited Quantity (Canada, Mexico, International) Y / N

If yes, by what modes of Transportation?

Ground Transportation	Y / N
Air Domestic (ORMD-Air)	Y / N
Air International (Limited Quantity)	Y / N
Ocean Transport	Y / N

Aerosols:

Provide exact name and concentration of propellants: _____

Flashpoint and test method: _____

Indicate which markets this aerosol is compliant: _____

(Product must have appropriate symbols, warnings and units of measure.)

Base product (with flammable or non-flammable propellants)

(Percentages based on weight of the product)

Check One:

_____ Level I

Maximum of 25% water miscible or non-miscible flammable products -
(i.e. 75 - 100% non-flammable products)

_____ Level II **25 - 100% water miscible flammable products; 25 - 55% non-water miscible flammable products (remaining 45 - 75% is non-flammable product)**

_____ Level III **Greater than 55% non-water miscible flammable products**

ON BEHALF OF THE MANUFACTURER NAMED ABOVE, I CERTIFY THAT ALL THE INFORMATION SUBMITTED IS TRUE AND CORRECT.

Signature: _____ **Date:** _____

Print Name: _____

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