

**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	
Introductory Cost	

**Product Allowances:**

Extended dating for initial orders:
Advertising & Distribution:
Defective:
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) \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
 Tariff Code: \_\_\_\_\_

**Part II. Regulatory Information**

**THE MANUFACTURER IS SOLEY RESPONSIBLE FOR THE APPROPRIATE PRODUCT CLAIM SUBSTANTIATION AND LABELING F THIS PRODUCT, INCLUDING, WITHOUT LIMITATION, USE DIRECTIONS, INGREDIENT INDICATIONS/FORMULATION, AND CAUTIONARY 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# \_\_\_\_\_  
**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 Cosmetic 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 our warehouse to our stores only or for display purposes - the customer does not walk out of the store in the carton.

ALM:ALM-Aluminum: All _____	STL:AER-Steel: Aerosol Pkg. _____
GLS:CLR-Glass: Clear _____	STL:OTH-Steel: Other _____
GLS:COL-Glass: Color _____	OTH:OTH-Other Pkg. Material _____
PAP:BBO-Paper:Boxboard, Other _____	PRT:MAG-Printed Paper: Magazines _____
PAP:CRG-Paper:Corrugated _____	PRT:OTH-Printed Paper: Other _____
PAP:PPL-Paper: Laminated _____	EXE:NOW-No Packaging Waste _____
PLA:HDP-Plastic: HDPE Bottles _____	EXE:STR-Store Supply Item _____
PLA:LHF-Plastic: LDPE/HDPE Film _____	
PLA:PET-Plastic: PET Bottles _____	Batteries (size & weight) _____
PLA:PLF-Plastic: Laminant Film _____	Electrical Devices (total weight) _____
PLA:PLP-Plastic: Polypropylene _____	
PLA:PLS-Plastic: Polystyrene _____	Are you a Steward in Ontario, Canada? _____
PLA:OTH-Plastic: Other _____	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: \_\_\_\_\_