

**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:	

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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