# AYURS

STEP 1 OF 2

## PROFESSIONAL PARTNERSHIP INTEREST FORM

Doctor-formulated hair + scalp care for beauty and wellness professionals

## Bring AYURS to your clients

Complete this form during today's product demonstration. We will use your responses to recommend the right opening order, retail support and next steps for your business.

### BUSINESS AND CONTACT INFORMATION

**BUSINESS NAME**

**CONTACT NAME**

**BUSINESS TYPE**

☐ Salon ☐ Barbershop ☐ Beauty supply ☐ Wellness practice ☐ Other

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP**

**PHONE**

**EMAIL**

**WEBSITE OR SOCIAL HANDLE**

### YOUR CLIENTS AND RETAIL GOALS

**PRIMARY CLIENTELE OR SPECIALTIES**

☐ Hair loss / thinning ☐ Scalp concerns ☐ Natural hair ☐ Men / beard care

☐ Other

**WHAT WOULD MAKE THIS PARTNERSHIP SUCCESSFUL FOR YOU**

**CURRENT MONTHLY PRODUCT SALES OR GOAL**

**PREFERRED LAUNCH DATE**

### DEMONSTRATION FOLLOW UP

☐ Ready to order today ☐ Schedule a follow-up call ☐ Need samples or more information

**QUESTIONS OR DEMONSTRATION NOTES**

# AYURS

## WHOLESALE OPENING ORDER FORM



Doctor-formulated hair + scalp care for beauty and wellness professionals

## Choose your opening order

Select one opening kit. Suggested retail values assume Clinical Collection at $75 and Derma Collection at $70. Profit shown is gross profit before shipping, taxes and other business expenses.

### ☐ PROFESSIONAL TRIAL KIT

**PARTNER INVESTMENT** 2 Clinical + 2 Derma Collections

**$175**

| RETAIL VALUE | POTENTIAL GROSS PROFIT |
|---|---|
| **$290** | **$115** |

### ☐ RETAIL PARTNER KIT

**PARTNER INVESTMENT** 4 Clinical + 4 Derma Collections

**$325**

| RETAIL VALUE | POTENTIAL GROSS PROFIT |
|---|---|
| **$580** | **$255** |

## CUSTOM REORDER OR ADDITIONAL QUANTITIES

Minimum reorder: 4 collections, mix and match. Custom order pricing will be confirmed before payment.

**CLINICAL COLLECTION QUANTITY**

**DERMA COLLECTION QUANTITY**

**OTHER AYURS PRODUCTS**

## RETAIL PARTNER MARKETING SUPPORT INCLUDED

☐ Product photos ☐ Launch graphics ☐ Launch caption ☐ Product education guide

☐ Collection benefit card ☐ 30-day partner follow-up ☐ Direct product support

## FULFILLMENT AND PAYMENT

**DELIVERY PREFERENCE**

☐ Complimentary pickup in Towson ☐ Ship to business - charged separately

**PAYMENT METHOD**

☐ Card ☐ Electronic invoice ☐ Cash ☐ Other

**PURCHASE ORDER OR INVOICE REFERENCE**

**REQUESTED FULFILLMENT DATE**

## AUTHORIZATION

By signing, I confirm that the information above is accurate and authorize AYURS to prepare the selected order. Payment is due in full when the order is placed. Shipping, if requested, is charged separately. Product availability and final totals will be confirmed before payment is processed.

**AUTHORIZED SIGNATURE**

**DATE**

**ORDER TOTAL**