

amika:

friends with benefits enrollment form



Who said it has to be all work and no play?

amika: friends with benefits is a program designed to reward salons for continued loyalty and support. amika is committed to the growth and success of salons and independent stylists worldwide, and through this program will provide the business building tools needed to maximize sales. In true amika fashion, our reward program stands out from the crowd. At the end of each quarter, eligible salons will be sent a pre-packaged, curated reward box based on quarterly purchases.

downtown

\$1200-\$2100/quarter
(\$400-\$700 monthly purchases)
reward box valued at \$215

midtown

\$2101-\$3000/quarter
(\$701-\$1000 monthly purchases)
reward box valued at \$420

uptown

\$3001-\$6000/quarter
(\$1001-\$2000 monthly purchases)
reward box valued at \$690

jewel

\$2001+ /month
continued commitment



Contact jewels@loveamika.com for more information on how to enroll.

terms and conditions:

1. In order for a salon to qualify, salon must accept all terms and conditions stated herein and have a valid amika Salon Agreement on file.
2. Sales are reported by your distribution partner and then reported to amika.
3. Salon understands designated qualifying levels mentioned above (downtown, midtown, uptown, jewel).
4. This form must be received by amika for inclusion in this program.
5. Reward boxes are shipped by salon's distributor within 30-45 days after the conclusion of the preceding quarter.
6. amika will include your salon on its salon locator.
7. This program may be canceled or changed by amika at any time.
8. Salon must purchase a minimum of USD \$1200 a quarter of amika Products. This is a continuing obligation. If Salon fails to meet the minimum purchase for a period of two (2) quarters, the Salon will lose its status in the Loyalty Program, and would have to maintain a minimum average purchase of at least USD \$1200 for a period of one (1) quarter to re-qualify.

Salon/Shop Name:

Owner/ Manager:

Address:

City:

State/Zip :

Salon Phone No:

Salon Email:

Salon Web Address:

Distributor Name:

Distributor Salon Consultant's Name:

How many full-time stylists do you employ?

Booth Renter 1-5 6-10

11-20 21+

Do you retail amika tools?

Yes No

I certify that all data above is correct. I accept amika Friends With Benefits terms and conditions. I allow amika to contact me via email with updates and promotions. I authorize my distributor to provide amika with copy of this Enrollment Form.

Owner / Manager / Stylist Signature:

Date:

amika agrees to maintain information provided by members in accordance with the Privacy Policies of the U.S