



Referral Agreement

This Agreement dated: _____ is between: Hair Authority Store (HAS) represented by
(Name of Sales Rep): _____
and Referrer: _____
Medical /Business License Number: _____

Whereas the Referrer is willing to refer potential clients who are suffering of hair loss to HAS website at <https://hairauthoritystore.com/prohair-referral> to purchase the following products for a referral fee as outline in this agreement:

- 1- Viviscal Professional Hair Supplements
- 2- Viviscal Professional Thin to Thick shampoo, conditioner & Elixir

The parties agree to the following terms and conditions:

- 1- HAS will pay a 30% referral fee on all hair loss products referred by the Referrer using the Purchase Form and promo codes found on the HAS website
- 2- Upon signing this contract, the Referrer name will be added to the drop-down list of the hair loss experts in HAS website.
- 3- The instruction to the clients on how to find the referrer and place their orders is explained in Appendix A.
- 4- At the end of each month, HAS will provide Referrer a full report of purchases by clients referred by Referrer after deducting any product refunds. Upon reconciliation of the list by the Referrer, the payment will be made to the Referrer as per this agreement.
- 5- The relationship between the Referrer and HAS shall at all times be that of an independent contractor. No employment, partnership or joint venture relationship is formed by this referral agreement and at no time shall Referrer position itself as affiliated to HAS, except as an independent referrer.
- 6- Either party may terminate this agreement at any time giving the other party ten (10) days prior written notice. Upon termination, by either party, all outstanding referral fees due to the agent at that time shall be settled in full within thirty (30) days.

HAIR AUTHORITY STORE

30025 ALICIA PKWY, SUITE 545, LAGUNA NIGUEL, CA 92677

T: 310 999 2876 E: info@hairauthoritystore.com W: www.hairauthoritystore.com

7- This agreement constitutes the whole agreement between the parties and any alteration must be in writing and signed by both parties.

Approved and signed by:

REFERRER

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Tel: _____

Signature: _____

SALES REPRESENTATIVE

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Tel: _____

Signature: _____

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