







AVANTI QUARTERLY PURCHASE VERIFICATION FORM

Please follow these steps when submitting for Rewards: 1. Fill out the Quarterly Purchase Verification Form. 2. Attach copies of corresponding ITELY HAIRFASHION Invoices. 3. Mail the original form along with copies of your invoices to your ITELY HAIRFASHION Distributor.	Salon Name Salon Owner	
Please make a copy of this form for your records.	Calon C Wile.	
For the quarter of: ☐ January / February / March (Due April 30th)	Address Telephone	
☐ April /May / June (Due July 30th)	City State	Zip
☐ July / August / September (Due October 30th)	Email Address	
October / November / December (Due January 30th)	ITELY Distributor	
LEVEL 1 - ITELY AVANTI BRONZE LEVEL (\$525.00 / per quarter in paid purchases per ITELY AVANTI PROGRAM eligibility requirement		<u></u>
LEVEL 2 - ITELY AVANTI SILVER LEVEL (\$2,099 - \$3,100 / per quarter in paid purchases per ITELY AVANTI PROGRAM eligibility re		,
LEVEL 3 - ITELY AVANTI GOLD LEVEL (\$3,101 - \$4,175 / per quarter in paid purchases per ITELY AVANTI PROGRAM eligibility re	X 9%	
LEVEL 4 - ITELY AVANTI PLATINUM LEVEL (\$4,176 - \$5,350 / per quarter in paid purchases per ITELY AVANTI PROGRAM eligibility re	X 12%	,
LEVEL 5 - ITELY AVANTI DIAMOND LEVEL (\$5,351 + / per quarter in paid purchases per ITELY AVANTI PROGRAM eligibility requirements)	x 15%	, , , , , , , , , , , , , , , , , , ,

Please Note: This form is due to ITELY Hairfashion N.A. within 30 days of completion of the appropriate quarter. Any delinquent forms will not be honored. If you have any questions, please call ITELY Hairfashion and ask to speak with Customer Service at (800) 621-4859.

ITELY Hairfashion N.A. reserves the right to alter or terminate this program without prior notification at its sole discretion.

ITELY HAIRFASHION N.A.

REV 2018

250 Ohio River Blvd. P.O. Box 162 Baden PA, 15005 1-800-621-4859