



INDEPENDENT CONTRACTOR COMMISSION AGREEMENT FORM

This Commission Agreement is entered on date: _____, between **Beauty Arrival, LLC, DBA Beauty Arrivalist** (Company) and _____ (Contractor). The purpose of this Agreement is to establish a Commission Plan where the contractor can be successfully aware of pay out for his/her services rendered to clients derailed from the platform.

Terms of the Agreement:

This Agreement shall continue in effect _____. The Company may terminate this Agreement earlier than listed with or without notice or cause.

Position Classification:

Your title will be **INDEPENDENT CONTRACTOR/BEAUTY ARRIVALIST**. You are considered a contractor and not subject to any hourly wage or overtime.

Duties and Responsibilities:

You are expected to make every effort to provide professional services and engage in beauty services for the home-bound community. Required duties are as follow

- Providing Hair / Nail Services for the homebound community that may require using special equipment .
- Not Soliciting Beauty Arrivalist clients for personal gain.
- Being on time. Punctuality is important with some clients having scheduled nurse visits for our appointments.
- Drive your own vehicle to clients and provided Insurance
- Maintaining professionalism, discretion, sensitivity, and tact to portray the Company in a positive manner
- Effectively attending video updates, where applicable.
- Updating and maintaining Independent Contractor TELSA annually for \$15.00 (If applicable)

Compensation Structure:

Commissions: .All Commission for Service rendered minus 20% for Marketing,sales, customer service, and service fees.

Commission Payments: Commissions are automatically paid out on Wednesday and Friday

Commission Contingencies:

If Company terminates a contractor's agreement, he/she shall receive commissions on all completed services up to the date of contract termination.

To confirm that you agree to the terms and conditions as stated in this Agreement, please sign and date the enclosed copy.

I, _____ hereby accept the terms of this COMMISSION agreement. My signature below certifies my understanding and acceptance of these terms and conditions.



INDEPENDENT CONTRACTOR COMMISSION AGREEMENT FORM

Contractors signature

Date:

BEAUTY ARRIVALIST

Signature

Date: