

Complete this worksheet to the best of your ability then save the document and email it to setups@gohelios.com. The information provided will be used to configure your Helios Version 12 software, so detail and accuracy is important. Please contact [Nic Schweitzer](mailto:Nic.Schweitzer@gohelios.com) at 317-225-5839 to discuss any questions or concerns you might have during this process. Every effort will be made to be as thorough as possible; however there is always a chance of miscommunication or misunderstanding, therefore we will work closely with you (or a point person of your choice) throughout this process to ensure that your setup is accurate and effective. If you run out of room at any point, please use the additional information box at the end of this form or send any additional information to setups@gohelios.com

BUSINESS INFORMATION

Business Name

Location Address

City, State, Zip Code

Business Phone

Salon Owner

Owner Email

Contact Person

Contact Email

Contact Phone

Contact Phone

DEPLOYMENT INFORMATION

What version of Helios 12 will you be using?

Is this a new location or existing location?

If existing, Is the location using Helios V11 or Prior?

YES NO

If yes, which Version of Helios?

If existing, and not using a Helios version; What software is being used?

Would you like this software converted into your Helios 12?

YES NO

PERIPHERAL INFORMATION

Will you be purchasing your computer tower from Helios?

YES NO UNDECIDED

If your computer was not purchased from Helios does it have a DVD Drive?

YES NO

How many workstations will be in your salon?

Will you be using the Helios 2D barcode scanner?

YES NO

Will you be processing credit cards/EFT's through Helios?

YES NO UNDECIDED

Will you be using the Helios Fingerprint Scanner?

YES NO

What type of receipt printer will you be using?

Will you be processing checking/savings account through Helios?

YES NO UNDECIDED

Will you be offering gift cards through Helios?

YES NO UNDECIDED

What type of Internet service will you have in the salon?

REGULATORY INFORMATION

If your business is in an area subject to regulations pertaining to the operation of tanning establishment, please contact your local regulatory agency responsible for permitting and inspection of indoor tanning establishments to obtain the following information. If your business is not subject to regulations, you may implement your own standard practices.

What is the Minimum age requirement for a client to tan?

What is the Parental consent age requirement?

Would you like to record each clients skin type?

YES NO

What is your area's tax rate for products?

What is your area's tax rates for services, excluding the Excise tax (tan tax)?

EMPLOYEE INFORMATION

Please provide information on each employee, including owners, managers, and anyone who will be using the Helios V12 application. [Password requirements: Minimum of 6 characters, one capital letter, one Lowercase letter, and one numerical character.](#)

EMPLOYEE CODE	FIRST NAME	LAST NAME	PASSWORD	EMPLOYEE POSITION	REQUIRED CLOCK-IN

EQUIPMENT INFORMATION

Please provide information about the beds and other equipment installed in your business. Please indicate the bed level as it corresponds to your service pricing.

What kind of timer are you using in your salon?

Is there any laws or policies pertaining to how often a client can tan (hours between use)?

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CITY/STATE INFORMATION

Please provide up to 10 of the closest city names in relation to your business. This will be used to offer a convenient and efficient list of the most common city names where your clients will live.

CITY/ TOWN	STATE/ PROVINCE	ZIP/POSTAL CODE	AREA CODE

REFERRAL INFORMATION

Please provide up to 8 referral or marketing methods that are how new clients could hear about your business. This will be used to offer a convenient and efficient list of most common referral methods that attracted your clients.

REFERRAL METHOD (I.E. TELEVISION, RADIO, YELLOW PAGES, ETC.)

DISCOUNTS/COUPONS INFORMATION

Please provide information about any discount reasons, promotions, or coupons that would allow a discount to be calculated at the point of sale.

DISCOUNTS / COUPONS (I.E. NEW CUSTOMER, STUDENT, MEMBER, EMPLOYEE DISCOUNT)

PACKAGES & PRICING

Will you be selling any Packages (i.e. Sessions, Minutes, Points, or Money)?

Will any of your Packages have an expiration date?

YES NO

If yes, how many days from the date of purchase will the package expire?

Will you be selling any EFT memberships (Memberships that are auto-debited)?

YES NO

What day of the month will be the Cut Off day (the last day changes can be made to membership)?

What day of the month will be the billing date (The day when you will debit your customers account)?

Will your employees earn commission on Package sales?

NO YES

Will your employees earn commission on Membership sales?

NO YES

Will your employees earn a commission on EFT membership enrollments?

NO YES

Will your employees earn a commission on Product sales?

NO YES

ADDITIONAL INFORMATION

This section is for any information you believe our support team will need to know about your business. This area can also be used for additional information that may not have fit on the above questions.

In addition to filling out this price menu, if you have a price sheet for your salon, please email it along with this form to setupsgohelios.com