



EYELASH ENHANCING SERUM

RETURN FORM

PLEASE NOTE: All sections of this form must be CLEARLY PRINTED in detail to prevent delays.

DATE OF COMPLAINT		OFFICE USE ONLY	
NAME		LOT NUMBER	
ADDRESS		PRODUCT RECEIVED	
		<input type="checkbox"/> YES	
PHONE		<input type="checkbox"/> NO	
AGE		RECEIPT RECEIVED	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
		INITIAL	

WHERE DID YOU PURCHASE YOUR RAPIDLASH?	
DID YOU ATEMPT TO RETURN IT WITH THEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF NO, PLEASE RETURN WITH THEM.

IF YES, WHY DIDN'T THEY ACCEPT IT?
WOULD YOU LIKE A REPLACEMENT OR REFUND
WHICH COSMETICS WERE YOU USING BEFORE YOU STARTED USING RAPIDLASH?
HOW LONG HAVE YOU USED RAPIDLASH?
REASON FOR RETURN
IF YOU EXPERIENCED A REACTION, WHAT WERE YOUR IMMEDIATE SYMPTOMS?
HOW LONG DID THE REACTION LAST?

SIGNATURE: _____ **DATE:** _____

Please return Reaction Report Form with product and receipt to:

RAPIDLASH
ATTN: RETURN DEPARTMENT
168 Industrial Drive
Building 1
Mashpee, MA 02649