MADAMELASH

CUSTOMER REFUND REQUEST FORM

Please fill out this form and fax it to 905-652-4044 or email: info@skin2nv.ca

Order Date: _____ **Order ID:** _____

Contact information:

Name: _____

Company: _____

Address: _____
Street

_____
City, State, Zip

Email: _____

Phone: _____

Please note:
We may contact you to gather further details about your refund request in order to improve our product and customer service.

Please provide a detailed explanation of the reason(s) why you are asking for a refund:

Please note that reasons such as “I changed my mind” or “I don’t want it anymore” will not be considered valid grounds for a refund.

Rev Date: 9/13/2014

We have made available a product [DEMO/TRIAL] to ensure that potential clients know exactly what they are going to buy before making a purchase. What else can you suggest we do to guarantee that our clients are 100% satisfied with the product?

Why did you buy our product? What was your intended use of it?

Please note:

We reserve the right to refuse any refund request, at our own discretion, should we determine that a customer is abusing our money back guarantee policy.

We will review your request within 14 days of its receipt and get back to you thereafter.