

Solace International, Inc.

Refund Request Form

(Please print clearly)

Order ID _____

Tube Batch Number _____ (Sticker on tube)

Name on Order _____

Date Ordered _____ Today's Date _____

Which product are you returning today?

Small DermaTend™ Large DermaTend™

Small DermaTend™ Kit Large DermaTend™ Kit

How long did you try the product for?

Less than one week /Not at all 1 to 2 Weeks

3-4 Weeks Over a month

Did you scratch at the blemish being treated EACH time prior to applying DermaTend™?

Yes No

(If the answer is no, please try this before returning the product as it speeds the process up **immensely**)

What consistency was the formula in your tube?

Thick brown paste Watery fluid with brown specks

(If the formula in your tube was watery, you must shake the tube and massage it lightly for 30 seconds prior to each use. The watery substance on its own cannot remove the blemish.)

Please try with the proper consistency prior to returning the product

What is the main factor in your decision to return the product? Please be thorough

STAFF ONLY

Refund Received Date: _____ Refund within 60 days? Yes No

All paperwork Included? Yes No

Amount Refunded: _____