FULLBEAUTY BRANDS™

Dear Customer,

We strive to ensure that 100% of all orders are delivered and ready to delight our customer. As we investigate the barriers to delivery, a Customer Affidavit is required in order to process a refund. Please complete and return for review.

Order Number:	Order Total:
Customer's Name:	
Street Address/PO Box:	
City:	State/Province
Country:	Zip/Postal Code:
Phone:	Email:
/She understands and agrees that will result in a review of his/hased on the results of this rev	for a Lost/Non-Delivered Parcel(s). He filing for a non-delivery of order(s) er customer file by Fullbeauty Brands. iew, our customer may potentially be orders with any Fullbeauty Brands sole discretion.
	WILL BE REVIEWED FOR FURTHER ACTION ation on this form is accurate and
Customer's Signature:	Date:

Return to: Customer Relations Analyst 500 S. Mesa Hills Dr. El Paso, TX 79912