

# Solace International, Inc.

## Refund Request Form

(Please print clearly)

Order ID \_\_\_\_\_

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

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### STAFF ONLY

Refund Received Date: \_\_\_\_\_ Refund within 60 days?  Yes  No

All paperwork Included?  Yes  No

Amount Refunded: \_\_\_\_\_