review.					
Order Number:	Reorder:	Yes	/	No	
Date Parcel Shows Delivered:		_			
Customer's Name:					_
Ship To Address/PO Box:					
City:	State/Zip/Postal	Code:			
Phone:	Email:				
Customer is requesting a refu	nd for a Lost/Non-De	livered	Parc	cel(s).	Не
She understands and agrees that	at filing for a non-	deliver	y of	order	(s)
will result in a review of his	s/her customer file l	oy Full	Beaut	y Bran	nds.
Based on the results of this :	review, our customer	may po	tenti	ally b)e
disqualified from placing fut	ure orders with any 1	FullBea	uty E	Brands	
affiliate at FullBeauty Brands	s' sole discretion.				
WARNING: ANY FRAUDULENT CLAIM	(S) WILL BE REVIEWED	FOR FU	RTHEF	R ACTIO	N

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. Please complete and return for

I hereby certify that all information on this form is accurate and truthful.

Customer's Signature: _____Date: _____

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

*A police report is required for any package of \$200 or more, multiple misdelivered packages totaling \$200 or more within 60 days, and for deliveries with picture proof provided by carrier. Please attach the police report to your signed affidavit letter. Letter must be received within 30 days from the delivery date. All claims are subject for review; affidavit does not guarantee a refund.