



VINOBLE COSMETICS

RETURN product intolerance

Product: _____ Batch: _____

What incompatibility has occurred?

How long have you used the product?

What other beauty products do you use? Did you use other cosmetics in combination with the Vinoble Cosmetics product?

Have you been at the doctor?

CUSTOMER INFORMATION

First & last name: _____

Phone number: _____

Email Address: _____

Address: _____

Submitted by: _____ CNR: _____

Date/Stamp/Sign