Refund Processing Form

We are sorry that our product did not satisfactorily meet your needs.

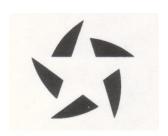
Please complete the following form, your refund will be processed forthwith.

Thanking you in advance for your co-operation.

Please choose one of the options below

Option A)

Where applicable, return the product, along with your **original purchase receip**t to the store where your purchase was made for a full refund



P.O. BOX 86668 NORTH VANCOUVER, BC CANADA V7L 4L2

TEL: (604) 987-8100 FAX: (604) 986-8004

Option B)

Please return the product to us **via parcel post**, along with this form and your **original purchase receipt** for a full refund.

Option C)

KEEP THE PRODUCT, cut & return the bar-code from the product packaging to us via letter mail, along with this form and your original purchase receipt for a full refund, less \$5.00.

Your Name						
Street Address						
City						
Province / State						
Postal Code						
Telephone						
Your Age						
Prior to using Wax-A-Way®:						
A) Have you ever had	wax treatment(s) at a professi	ional salon?	YES	NO		
B) Have you used other 'in-home' wax products?			YES	NO		
If yes, please indicate t	the brand and type of product	.•				
Brand		_ Produc	t Type _			