



ORDER FORM

Date (mm/dd/yyyy): ___/___/___

Name: _____
Company: _____
Email: _____
Telephone Number: _____

How did you hear about our company? Nails Magazine Facebook Instagram
Twitter Google Other: _____

Will you be purchasing customized bottom labels for your product? Yes No

Will you be decorating your product? Yes No

Ship-to Address: Residential Address Commercial Address
Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Billing Address: Same as Above Alternate Address
Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____

All orders are final. This includes sample orders, as well as custom, private label orders. Diamond Cosmetics will not accept returns or exchanges after point of sale. Deposits are non-refundable.

