

# BLEND & PAIR

## SAMPLE FEEDBACK FORM

We're so excited you've received your samples!  
Your feedback helps us perfect your formula and bring your product vision to life.

Please take a moment to share your thoughts below — the more detail, the better.  
Once complete please submit back to [susie@blendedandpaired.com](mailto:susie@blendedandpaired.com),  
please cc your personal Blended and Paired Beauty Architect as well.

### CLIENT INFORMATION

Business/Brand Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### 1. PRODUCT DETAILS

Sample Name / Product Type: \_\_\_\_\_

Date Received: \_\_\_\_\_

### 2. FIRST IMPRESSION

How did you feel when you first opened and tested your sample?

- Loved it
- Liked it
- Neutral
- Needs changes
- Not what I expected

Tell us more: \_\_\_\_\_

### 3. TEXTURE & CONSISTENCY

How does the product feel when applied?

- Perfect
- A little too thick
- A little too thin
- Too oily
- Too dry
- Needs more slip
- Needs more richness

Additional notes: \_\_\_\_\_

### 4. SCENT

How do you feel about the fragrance?

- Love it
- Like it
- Neutral
- Too strong
- Too light
- Not the right scent profile

If you'd like adjustments, please describe: \_\_\_\_\_

## 5. PERFORMANCE

How does the product perform on your skin/hair?

- Works great
- Good, but needs tweaks
- Not performing as expected

Describe what you experienced: \_\_\_\_\_  
\_\_\_\_\_

## 6. PACKAGING FEEDBACK (IF APPLICABLE)

- Love the sample packaging
- Works fine
- Would prefer a different style
- Hard to open/use

Notes: \_\_\_\_\_  
\_\_\_\_\_

## 7. FINAL THOUGHTS

What would you like us to adjust or explore in the next round?

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## 8. APPROVAL

Would you like to move forward with this formula?

- Yes, this is approved
- Yes, with minor adjustments
- No, I'd like a reformulation

### THANK YOU!

Your feedback helps us bring your vision to life.  
We can't wait to create the next step with you.

— The B&P Team

