

lisa leonard®

RETURN FORM

Please enter all the information below so that we may process your return in a timely manner.
If information is missing or incorrect, it may delay the return process.

CUSTOMER INFORMATION

NAME : _____

PHONE : _____

EMAIL : _____

ORDER INFORMATION

CUSTOMER PO# : _____

ORIGINAL SHIPPING ADDRESS :

REASON FOR RETURN

- Refund
(WITHIN 30 DAYS)
- Store Credit
- Replacement Created
(I'VE SPOKEN TO A REP.)

WE VALUE YOUR FEEDBACK!

Please give a clear, detailed explanation of the reason for return.



PLEASE RETURN TO :

ATTN: RETURNS DEPT
LOGYSTICO
c/o Leonard Group
140 Delawanna Ave
Clifton, NJ 07014

CONTACT US :
(888) 672-9174
info@lisa-leonard.com