



**RETURN/EXCHANGE FORM**

**Pick Ticket#:** \_\_\_\_\_

Your complete satisfaction on every purchase is our goal at Leon Levin. If for any reason you wish to return or exchange an item we will be glad to process your request. All products must be returned or exchanged within 30 days.

**Exchange/Return Merchandise:**

Please list the items that you would like to return or exchange.

Order#: \_\_\_\_\_ Pick Ticket #: \_\_\_\_\_ Style # \_\_\_\_\_ Color #: \_\_\_\_\_

Order#: \_\_\_\_\_ Pick Ticket #: \_\_\_\_\_ Style # \_\_\_\_\_ Color #: \_\_\_\_\_

Order#: \_\_\_\_\_ Pick Ticket #: \_\_\_\_\_ Style # \_\_\_\_\_ Color #: \_\_\_\_\_

**Reason for Return:** \_\_\_\_\_

**IMPORTANT:**

If you are returning merchandise we need the type of credit card, the last 4 digits of your credit card and the expiration date.

Credit Card Type: \_\_\_\_\_ Last 4 Digits: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ Expiration: \_\_\_ / \_\_\_

**Replacement Merchandise:**

Please list the new items that you would like. Any item being returned or exchanged must be listed in the above section of the form.

Style # \_\_\_\_\_ Color #: \_\_\_\_\_ Size: \_\_\_\_\_

Style # \_\_\_\_\_ Color #: \_\_\_\_\_ Size: \_\_\_\_\_

Style # \_\_\_\_\_ Color #: \_\_\_\_\_ Size: \_\_\_\_\_

**Customer Information:**

Please fill out this form so we may process your request as promptly as possible.

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ --- \_\_\_\_\_