

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:

(844) 913-7353
info@stephendavidleonard.com