

RETURN FORM

Customer information: [Please print clearly]

Order #: _____ **Order Date:** _____

Name: _____ **Tel No:** _____

Address: _____

City: _____ **State:** _____ **Zip/Postcode:** _____

E-mail Address _____

Please list contents and quantity below:

Qty	Item Number	Description	Reason for Return*

*Reason for Return: Wrong item received Wrong item ordered Does not want Damaged in shipping Defective Other

Comments: _____

Once this form is completed, please include it together with your returning items and send to the below:

Le Specs Returns
 PO Box 7217
 Alexandria NSW 2015
 Australia