

# RETURN FORM



**Step 1.**

Fill in the returns form



**Step 2.**

Return in original packaging via LBC or 2GO



**Step 3.**

Refunded or Replaced upon your request

## ITEM

|   |   |
|---|---|
| What item do you like to return:  | How would you like to return your item?<br>Replace <input type="checkbox"/> Refund <input type="checkbox"/> |
| Reason for return:<br>Wrong item delivered <input type="checkbox"/> Item is damaged <input type="checkbox"/> Item is defective <input type="checkbox"/> Item has expired <input type="checkbox"/> |   |
| Order no:   |   |

## CONTACT INFORMATION

|                             |                  |
|-----------------------------|------------------|
| Company*:                   | Mrs., Mr.*:      |
| Family Name*:               | First Name*:     |
| Street Address / Barangay*: | ZIP Code, City*: |
| TIN:                        | Telephone*:      |
| E-mail*:                    | Website:         |
| Other:                      |                  |