

## RETURN AND EXCHANGE FORM

For an effective and optimal returns/ exchange process, please answer the following questions and fill out the information below:

1. Name: \_\_\_\_\_

2. Order Number: \_\_\_\_\_

3. Check your preference:  
 REFUND                       EXCHANGE

You may return unworn products within 60 days of purchase to qualify for a refund and up to 90 days for an exchange.

4. Please use the following numbers to describe the reason for return

REASON	#	REASON	#
Don't want it	1	Defective	6
Gift - I don't want it	2	Don't like fabric	7
Too Small	3	Not as pictured	8
Too Large	4	Arrived late	9
Uncomfortable	5	Other	10

	Item Code	Qty	Reason for Return
E.G.	01133200032	1	4

For hygiene reasons, panties can't be returned for a refund or exchange, except where genuine quality issues have been identified.

5. Please list the new items you would like to receive in exchange or any new item you want to order:

	Ref Number	Size	Color	Qty	Price
E.G.	011332	34B	000	2	\$29.99

**TOTAL:**

**Note:** Refund or exchange shipping cost must be assumed by the customer

6. **Credit Card.**  
**REFUNDS:** The total amount of your refund will be credited to the card you used on your original transaction.

**EXCHANGES:** If the total amount of the new order exceeds the original transaction, we will charge the difference and the shipping cost to the new method of payment you provide below. On the other hand, if the total value of the new order is less than the original transaction, we will make a refund to the credit card used on your original order.

If no method of payment is provided, the original credit card will be charged if there is any balance in your account.

**METHOD OF PAYMENT:**

• Gift Card  
 Gift card number: \_\_\_\_\_  
 Verification code: \_\_\_\_\_

• Credit Card  
 Visa     Mastercard     American Express

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**BILLING ADDRESS:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

7. **SHIPPING ADDRESS:**



(if different from billing address)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Region: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Don't forget to include in your package:**

- Products will all tags attached and original packaging material.
- This form properly filled.
- Copy of original invoice if possible.

8. **Send package to:**

Leonisa - Webpage  
 5240 Langford Park Dr Suite B  
 Norcross GA 30071  
 1-800-687-3577  
 USA