LeRêve

PRODUCT RETURN FORM

☐ **I AM A LERÊVE CUSTOMER**   ☐ **I AM A LERÊVE CONSULTANT**

Name _____   Consultant ID _____

Email _____   Name _____

Phone _____   Phone _____

Date _____   Authority No. (if applicable) _____

PRODUCTS FOR RETURN

Please enter the product name/code, invoice number, quantity, reason code and order type of the products you are returning.

——— **PLEASE TICK ☑ ONE** ———

PRODUCT NAME / CODE	INVOICE NO.	QTY	REASON CODE*	RETAIL	FREE GIFT	HOST REWARD	OTHER

——— **PLEASE TICK ☑ ONE** ———

PRODUCTS REQUESTED IN EXCHANGE

Please enter the product name/code, quantity, order type of products you are requesting and your delivery address.

PRODUCT NAME / CODE	QTY	RETAIL	FREE GIFT	HOST REWARD	OTHER

Address for product delivery _____

*REASON CODES:

AR	Allergic reaction	EP	LeRêve packing error
BT	Broken or leaking in transit	LU	Leaking when in use
CC	Customer cancellation	PQ	Product quality issue
CE	Consultant ordering error	RF	Return freight

Credit Note	
Return No.	
Exchange Invoice No.	

FOR OFFICE USE ONLY

REFUND DESTINATION

1 **CREDIT CARD** for new charge or refund (must be original card for refund)

Cardholder's Name _____   CCV _____

Card No. _____   Expiry _____/_____

2 **BANK DEPOSIT** bank details for EFT (for refund only)

Account Name _____

Account No. _____   BSB _____

We suggest that you make a photocopy for your records.

Version 27/10/20 GL4312