

Merchandise Return Form

Please fill out completely.

Invoice Date: _____ Invoice Number: _____ Date of Return: _____

Name or Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email Address: _____

Reason for return (code)	Item Number (If Bible, found on sticker on title page)	Qty.	Unit Price	Total Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

___ Exchange for: Item (number) _____ Price: _____ Qty: _____

___ Return for refund. Paid by (circle one): Check PayPal Other: _____

*Reason for return codes: 1--Defective 2--Wrong Item 3--Other

Code 1 or 3, please explain: _____

Where was the item purchased:

- ___ Website
- ___ Representative (Missionary's table)
- ___ Church Bookstore
- ___ Gift
- ___ Other: _____

Returns
LCBP Shipping Department
1902 East Cavanaugh Road
Lansing, MI 48910

***Cost of shipping charges for non-defective replacement are at the customers expense. Please fill out at least one of the sections below in order to receive your replacement item.** (Should you prefer to not give your card information on this return form a phone number is required to contact you for processing.)

<u>Credit Card Information</u>
Name as it appears on card: _____
Card Type: (circle one) VISA, DISC, AMEX, MAST
Credit Card Number: _____
Expiration Date: ___/___ 3 Digit Ver.#: _____

<u>Phone Number</u>
Daytime: _____
Time zone: _____

SHIPPING DEPARTMENT USE ONLY:
Date Received: _____ Received By: _____
Notes: _____
