

Refund form *(must be completed)*

LE PETIT
LUNETIER

Order number: #AM _____/ISR
Name and surname:
E-Mail-address:

Sender:

Recipient:

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.....
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.....

Le Petit Lunetier
155 Rue de Charonne
75011 Paris
FRANCE

Returned item(s)	Quantity	Reason (A/B/C)	Comment/Code
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Reason for return

A= I want to order prescription glasses

B= Refund (please select a return code and enter it into the comment box)

C= Other reason (please explain in comment box)

Refund (reason codes):

1. Form
2. Colour/pattern
3. Poor quality/faulty
4. Doesn't suit me
5. Incorrect item received
6. Item damaged on arrival
7. Other (please explain in comment box)

Have you ordered prescription lenses?

Yes

No

Please don't forget to include this completed returns form inside your return package.

You are welcome to send your return back to us in its original packaging.

Please note that the costs of return are the responsibility of the customer and we do not cover these in the case of return.

Please keep your receipt as proof of postage until we receive your package and have processed it.

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If you have any further questions, contact us at: contact@lepetitlunetier.com



lepetitlunetier.com