



23591 Foley St  
Hayward, CA 94545  
www.longevity-inc.com

## Merchandise Return Form

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: (If Applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_

Order Number: \_\_\_\_\_

Model Number & Description of all items being returned:

\_\_\_\_\_

\_\_\_\_\_

Date of purchase: \_\_\_\_\_

Reason for returning product:

-Note: This form must be included with each package that you are returning-