

leather**CARE** specialists

SHIPPING FORM

Please and Thank You - PRINT when filling out.

Enclose with your leather item and send to:

Leather Care Specialists

101 W. King

Avon, IL 61415

Name _____

Phone 1 _____ Phone 2 _____

Return Address _____

City _____ State _____ Zipcode _____

Item(s) Enclosed _____

Garment or item needs _____

Special Information (*I've emailed digital photographs for you to look at, I need back ASAP, etc.*)

Date Shipped _____