



# **SLEASH™ Return Form**

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**Send this completed form and products to:**

SLEASH LLC

Returns Department

8156 S. Wadsworth Blvd. Suite E-349

Littleton, CO 80128

**Date:**

**Purchase Date:**

**Name:**

**Product(s):**

**Address:**

**Purchase Location:**

**Email:**

**Ok To Email You?**

**Yes**

**No**

**Phone:**

**Ok To Call You?**

**Yes**

**No**

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**Reason for Return / Exchange:**

**Additional Comments:**