

# 30-Day Guarantee Replacement Request

Email: \_\_\_\_\_ Company Name: \_\_\_\_\_

Sleepnet Account Number: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business City: \_\_\_\_\_ Business ZIP Code: \_\_\_\_\_

Business State: \_\_\_\_\_

REF/Item # To Replace: \_\_\_\_\_

Item Description: \_\_\_\_\_ LOT Number: \_\_\_\_\_

How Long Was the Mask Used? \_\_\_\_\_

Reason For Replacement: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE DO NOT WRITE BELOW THIS LINE - SLEEPNET AUTHORIZED USE ONLY

Replacement Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Replacement Sales Order #: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Item(s) Shipped: \_\_\_\_\_ Complaint/Feedback #: \_\_\_\_\_