

90-Day Limited Warranty

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 #: _____