30 DAY GUARANTEE REPLACEMENT REQUEST

COMPLETE BUSINESS NAME: _____

BUSINESS ADDRESS: _____

SLEEPNET ACCOUNT NUMBER: _____

YOUR NAME: _____ **YOUR PHONE NUMBER:** _____

ITEM # TO BE REPLACED: _____ **ITEM DESCRIPTION:** _____

REASON FOR REPLACEMENT: _____

_____

_____

AUTHORIZED SIGNATURE: _____ **TITLE:** _____

PRINTED NAME: _____ **DATE:** _____

Sleepnet Contact Name _____ **Sleepnet Contact Phone Number** _____

Sleepnet Contact Fax Number _____

Sleepnet Corporation reserves the right to change, discontinue, or limit quantities with regard to its 30 day Satisfaction Promise at any time.

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

SLEEPNET MARKETING DEPARTMENT:

REPLACEMENT APPROVED BY:_____DATE:_____CUSTOMER ID:_____

REPLACEMENT SALES ORDER #:_____ SHIP DATE: _____

ITEM(S) SHIPPED:_____

FORM 4.3-26 REV A