



60 DAY GUARANTEE REPLACEMENT REQUEST

SLEEPNET ACCOUNT NUMBER: \_\_\_\_\_

COMPLETE BUSINESS NAME: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

BUSINESS CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REF/ITEM # TO REPLACE: \_\_\_\_\_ ITEM DESCRIPTION: \_\_\_\_\_

LOT NUMBER: \_\_\_\_\_ DATE OF MANUFACTURE: \_\_\_\_\_

REASON FOR REPLACEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Sleepnet Contact Phone Number: **800-742-3646**

Sleepnet Contact Fax Number: **603-758-6699**

Sleepnet Corporation reserves the right to change, discontinue, or limit quantities with regard to its 60 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: \_\_\_\_\_ COMPLAINT/FEEDBACK #: \_\_\_\_\_

---

Sleepnet Corporation 5 Merrill Industrial Drive Hampton, NH 03842 USA  
call 1-800-742-3646 fax 603-758-6699 email [info@sleepnetcorp.com](mailto:info@sleepnetcorp.com) [www.sleepnetmasks.com](http://www.sleepnetmasks.com)