

Body Comfort Product Replacement Request Form

Please fill out and include this form with the product you are returning so that we can expedite the processing time of your replacement item.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Email _____

Brief explanation for the return: _____

Where purchased: _____

Purchase date: _____

Also include with this form:

Please attached a copy of the original receipt

A check or money order in the amount of \$9.95 for shipping and handling