


3-Year Warranty (covering manufacturing defects)

In order to receive a credit for Chiroflow's pillows, please review the list below and include the requested items for each refund request. Failure to provide all requested items will delay/prevent refund approval.

What product(s) are you requesting a refund for?			Example of cap and cut out	Example of tags
Original Fibre		QTY		
Memory Foam		QTY		

Please include ALL the following items for each refund request:

Copy of customer tax invoice

Picture of the defect

Email the above items to:
return@chiropillows.com.au

Cut out a 10cm x 10cm square around where the cap screws in, leave cap in

Cut off all tags at the stitching

Mail the above items + this completed form to:
Chiropillows
2/20 Scholar Drive
Bundoora VIC 3083

Customer Account Information:

Company Name:

Account Payable Contact:

Phone:

Email:

Comments: (please describe briefly the reason for return)

FOR INTERNAL USE ONLY	Type of pillow(s): _____	Date received: _____
	Approved: Y / N	RA #: _____
Authorised signature: _____	Number of pillows claimed: _____	