

## 30-Day Satisfaction Guarantee

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?**

Original Fibre

QTY

Memory Foam

QTY

Example of cap and cut out



Example of tags



**Please include ALL the following items for each refund request:**

Copy of customer tax invoice

Copy of customer refund within 30 days of purchase

**Email the above items to:**

[return@chiropillows.com.au](mailto: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)

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