

3-Year Warranty (covering manufacturing defects)

In order to receive a replacement pillow, please review the list below and include the requested items for each warranty request. Failure to provide all requested items will delay/prevent replacement approval.

*Please send this form along with supporting documents to Chiroflow.
Please allow for up to 30 days for processing your replacement pillows. Thank you.

What product(s) are you requesting a warranty replacement for?

Original Fiberfill

QTY

Memory Foam

QTY

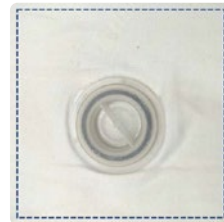
Down Alternative

QTY

Cooling Gel Memory Foam

QTY

Example of cap and cut out



Example of tags



Please include the following items for each replacement request:

Copy of the customer bill of sale

Include the cap and 10cm by 10cm cut out around where cap screws in

Cut off all tags at the stitching

Mail the above items along with this filled out form to:

Canadian Location:

Chiroflow – Warranty Dept.

5-39 Riviera Drive,
Markham, Ontario
L3R 8N4

USA Location:

Chiroflow – Warranty Dept.

486 Diens Drive,
Wheeling IL 60090

Customer Account Information:

Company Name:

Phone:

Email:

Address:

Comments:

FOR INTERNAL USE ONLY

Customer #:	Type of pillow(s): _____	Date received: _____
Approved: Y / N	RA #: _____	Resolution: _____
Authorised signature: _____		Number of pillows claimed: _____