



## 30 Day Satisfaction Guarantee

In order to receive a credit for Mediflow's pillows, please review the list below and include the requested items for each refund request. All items should fit into a standard mailing envelope.

Failure to provide all requested items will delay/prevent credit to your account.

*Please send this form along with supporting documents to Mediflow once a month (beginning of the month) and include all returns from the previous month. Please allow for up to 30 days for processing your credit. Thank you.*

**What product are you requesting a credit for?**

Mediflow Elite Fiber

Mediflow Elite Foam

How many?

How many?

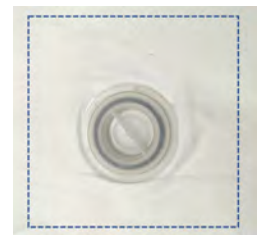
Please include the following items for each refund request:

- Copy of the customer bill of sale
- Proof of refund within 30 days of purchase
- Cap and 4"x4" cut out around where the cap screws in
- Care tag

Example of care tag



Example of cap and cut out



The above items, along with this filled out form, are to be sent to: *Mediflow Satisfaction Returns, 486 Diens Drive, Wheeling IL 60090*

### Retailer Account Information:

Company Name:

Mediflow Account #:

AP Contact:

Phone #:

Email:

Comments:

**FOR INTERNAL USE ONLY:**

Type of Pillows:

Date Received:

Customer #: \_\_\_\_\_

Approved: Y / N

RA#: \_\_\_\_\_

Resolution: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Number of Pillows Claimed: \_\_\_\_\_