

Exchange Approval Form

Comfort **Damaged** **Dirty** **Wrong Item**
 Low to High **High to Low** **Box to Adjustable**

Customer _____ Store _____
Original TCK # _____ New TCK # _____

RETURNING ITEM

Brand _____ Model _____
Unit _____ Replacement _____
Size _____ Credit \$ _____

RETURN TO **Vendor** **Stock** **Clearance**
COLLECT DELIVERY FEE **Yes** **No**

Exchange Approved Due To...

COMFORT EXCHANGE ONLY

Returning items must be clean and free of stains and have the law tag attached until exchange is made or this approval is null and void. Credit given for new items is for a mattress and foundation only. The new items may not be exchanged under any circumstance other than a warranty defect. All sales are final on new merchandise.

Customer Signature _____ **Date** _____
By signing above you are indicating that you have read and understand the above paragraph.

EXCHANGE CODE _____ **Date** _____
Approval Valid for 30 Days

District Manager Signature and Approval _____