

Exchange Form



Date:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

New Item:

Size:

Colour:

Reason for exchange:

Please return item to:
Wintersleep
500-6600 St. Urbain
Montreal, Quebec
H2S 3G8
Canada

For Internal Use

INV ADJ.
PP REQ.
PP REC'D
E-MAIL