



Body Comfort Product Replacement Request Form

Please fill out and include this form with the product you are returning so that we can expedite the processing time of your replacement item.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Email _____

Brief explanation for the return: _____

Where purchased: _____

Purchase date: _____

Also include with this form:

A copy of your original receipt

A check or money order for the amount of \$12.95 for shipping and handling

Please mail to

TOL, Inc.
Body Comfort Returns
4680 E. Los Angeles Ave. Unit #E
Simi Valley CA 93063