

Received By _____

LDComfort RETURNS/EXCHANGES Form

Name: _____ ORDER ID#: _____

Date ordered: _____ Date Returning: _____

Phone/Email: _____ Circle One
REFUND EXCHANGE

Was this a gift? Yes No

If yes, who was the original purchaser? _____

Reason for return/exchange: _____

Items being returned: _____

Items you want instead: _____

Shipping Address (if different from original): _____

When returning a product, customers will be contacted by a company representative for credit card information.

Please mail the items you are returning, this completed form, and your invoice copy to:
LDComfort
Returns
717 K Street
Hoquiam WA 98550