

## Twinkle Beds – Mattress Swap/Return Request Form

(Return completed form to [support@twinklebeds.com](mailto:support@twinklebeds.com))

### Customer Information

- Full Name: \_\_\_\_\_
- Order Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Shipping Address:

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(City, State, ZIP Code)

### Request Type

(Please select one)

- ☐ Swap
- ☐ Return

### Mattress Information

- Mattress Model/Name: \_\_\_\_\_
- Size (Twin, Full, Queen, King, etc.): \_\_\_\_\_
- Date of Purchase: \_\_\_\_\_
- Reason for Swap/Return (please be specific):

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### For Swap Requests

- Desired Mattress Model/Name: \_\_\_\_\_
- Size (Twin, Full, Queen, King, etc.): \_\_\_\_\_
- Reason for Swap (comfort, size, etc.):

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### Return Options

- Twinkle will handle the pickup of your mattress directly—donation or other drop-off options are not available. We will make every effort to ensure it is disposed of in an environmentally responsible manner.

**Note:** As a reminder, if your mattress order includes complimentary gifts as part of a promotion, and you choose to return the mattress, the cost of these items will be deducted from your refund. This policy ensures fairness and prevents misuse of our promotional offers.

### Condition of Mattress

- Has the mattress been used? ☐ Yes ☐ No
- Was a mattress protector used on this mattress? ☐ Yes ☐ No
- Is the mattress free of any stains, damage, or odors? ☐ Yes ☐ No

If no, please describe:

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### Additional Notes or Comments

If you have any additional notes or specific requests, please include them here:

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### Customer Agreement

By signing below, I confirm that I am requesting a swap or return of my mattress as described above. I understand that Twinkle Beds will contact me to confirm the next steps, and that any refunds, swaps, or donations will follow Twinkle Beds' return and swap policy.

**Note:** If you choose to return the mattress for a refund, we will issue a full refund less original delivery costs, a \$199 processing fee and the retail value of any promotional items (such as pillows, blankets, or sheets etc.) that were included with the mattress purchase, to your original payment method upon receipt and inspection of the returned mattress.

- **Customer Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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### For Twinkle Beds Internal Use Only

(To be completed by Twinkle Beds Representative)

- **Request Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Affiliate Coordinator Assigned:** \_\_\_\_\_
- **Scheduled Pickup/Resolution Date:** \_\_\_\_\_

