

Contact and Ordering:

Phone: (888) 676-4332

Fax: (866) 420-1902

Mail: Ideal Pillow, Inc.
3607 Inkberry Circle
Wilson, NC 27896

Email: Sales@IdealPillow.com

Order at: IdealPillow.com

Pillow Price	\$93.00
S&H	\$4.95
Total	\$97.95

30 day money back guarantee...What do you have to lose, except sleep!

Ideal Pillow Sleep E-Zzz Order Form

This pillow is being made for (*enter name*): _____

Sleeping Position - Please circle the selection which best describes your sleep position and pattern. Your sleep position determines the internal pillow construction.

Side to Back

Side to Stomach

Side Only

Back to Stomach

Back to Side

Back Only

Stomach to Side

Stomach to Back

Stomach Only

Gender - Statistically, females have smaller frames than males; subsequently thinner necks, arms, and lighter head mass. Please circle

Male

Female

Age - There is a general change in bone/spinal structure as you age, which will alter the amount of neck support.

Your age _____

Height - There is a direct correlation of an individual's over all height and neck length, contributing to pillow support.

Height: _____ ft. _____ in.

Weight - Your weight affects the amount of pillow filling required. **Weight:** _____ lbs.

Chest Size - Male - Please enter your suit jacket size. *Example 43 regular would mean your chest is 43in.* _____ in.

Female - Please enter your numeric bra size. *Example 36B would mean your chest is 36in* _____ in.

Mattress - Density of your mattress affects the amount of filling required. Circle current density of your mattress.

Soft

Average

Firm

If your sleep position is "Side Only", please circle the pillow density you prefer:

Soft/Medium Support

Medium/Firm Support

Firm Support

SHIP TO DISTRIBUTOR - No additional information needed

SHIP TO CUSTOMER - Please complete shipping information below

Name: _____ Phone #: _____

Physical Street Address (no PO boxes): _____ City: _____ State: _____ Zip: _____

Email address to send order confirmation: _____

BILL TO DISTRIBUTOR - If credit card information is on file no additional information needed.

BILL TO CUSTOMER - Please complete payment information below

Name on credit card: _____ Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Mailing address associated with credit card: _____ City: _____ State: _____ Zip: _____
(if different from above)

Email address to send receipt (if different from above): _____