

Please print and fill in this form. Present at point of sale with your chosen participating retailer to claim your discount and return with your order to Ekornes to claim your discount.

Customer Title:	
Customer Name:	Customer Email:
Customer Address:	
Where did you hear about Stressless®: □TV □Instore	Press Recommendation
Ekornes [®] and your local Stressless [®] retailer may wish to offers which may be of interest to you. Please tick here if	email you in the future regarding products and promotional you are happy to receive information in this way. 🗌

Ekornes[®] and your local Stressless[®] retailer may use your telephone and address details in the future to contact you regarding products and promotional offers which you may be interested in. If you do not wish to be contacted please tick here.

To be filled in by the retailer:	
Retailer Name:	
Town:	
Retailer Purchase Ref:	

NOTE TO RETAILER: Please scan this claim form and email it to orders@ekornes.co.uk