

CUSTOMER SERVICE REQUEST FORM

(Please print the following information)

Name _____

Street _____ City _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

.....
(Please tell us which product(s) you are having a problem with:

Mattress () Box Spring () Both ()

.....
In order to accurately and quickly process your request, we will need you to fill in the following information from the law tags of both your mattress and the box spring, even if you are claiming service on only one. Please locate the law tags of both your mattress and box spring. (Law tags can be found attached to the foot of the piece).

If your law tag is missing, the manufactures warranty is voided.

If you do not use a box spring then please write in "None used".

	For Mattress	For Box Spring
Model Name	_____	_____
Size	_____	_____
Warranty	_____	_____
Date Made	_____	_____

.....
Please indicate the date and the location of purchase.

	For Mattress	For Box Spring
Date of Purchase	_____	_____
Dealer & Location	_____	_____

.....
As clearly and specifically as possible, tell us about your complaint. Include pictures of problems that are visible. (If you are having problems with both the mattress and the box spring, describe both sets of problems and indicate which pertain to the box spring and which to the mattress.)

CUSTOMER SERVICE REQUEST FORM

Since making your purchase, how have you maintained and cared for your bedding and how frequently?

.....

On the attached diagram, please indicate where the problem is and show any changes to the bedding since you received it. For example, if there were tears or stains, show where and write the words 'tear' or 'stain', etc.

.....

If your mattress has large body impressions, please measure the deepest one in the following manner: (1) place a string tightly across the bed, (2) place the end of a ruler in the deepest point and note its depth.

Deepest impression _____.

.....

What is your bed frame made of? Wood () or Metal ()

.....

Look at your bed frame and draw the locations of any supports on the attached diagram:

.....

Do you use boards or other flat objects in between your mattress and box spring to increase the mattress firmness?

Yes () No ()

If yes, please tell us what you use: _____

.....

Have you moved since buying your bedding? Yes () No ()

If yes, tell us the name of the mover you used, as well as the date of the move.

Mover _____ Date _____

.....

Have we replaced this bedding before? Yes () No ()

If yes, please indicate when and for what reason _____

.....

I represent that the information above is accurate and complete to the best of my knowledge.

Signature

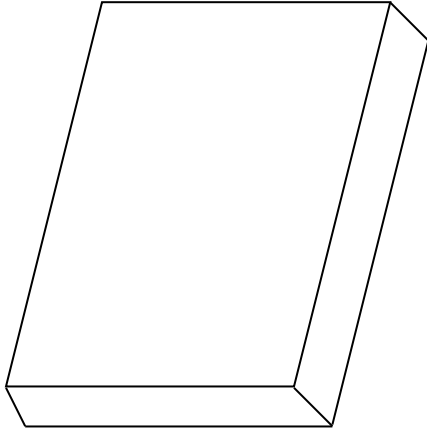
Date

Thank you for filling out this form. Your completed request will be evaluated and a letter will be sent to you to inform you of the results of our evaluation and our decision to inspect, replace, or repair your bedding, as applicable.

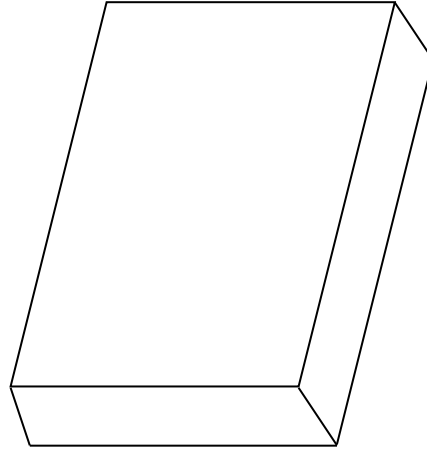
A COPY OF PROOF OF PURCHASE MUST BE INCLUDED WITH THIS FORM OR THE REQUEST WILL NOT BE EVALUATED.

Please use these diagrams to identify where you have problems with your bedding.

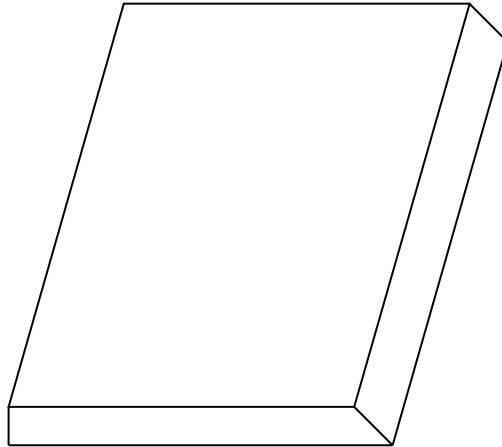
MATTRESS TOP



BOX SPRING TOP



The frame supporting your mattress and box spring is important to the life of your product. Describe your frame (indicate location of center legs, horizontal or vertical supports).



BED FRAME

Please return all completed pages and supporting documentation to:

**Mattress City
Attention Warranty Claims
15205 S. Keeler
Olathe, KS 66062**

Please allow 10 – 14 business days for response.

**Phone: (913) 780-1065
Fax: (913) 780-2960**