



Warranty Claim Form

Please fill this form out in its entirety. Customers must have original proof of purchase receipt. Law tags must be on mattress/box spring or attached to the receipt. No law tags will void the warranty. Also mattress must be free of stains, tears and soiling.

TODAY'S DATE:

ORIGINAL DATE OF PURCHASE:

CUSTOMER NAME:

ADDRESS:

CITY, STATE & ZIP:

BEST CONTACT PHONE NUMBER:

NAME & ADDRESS OF STORE
WHERE PURCHASED:

RECEIPT NUMBER:

MANUFACTURER:

DATE OF MANUFACTURED:

WARRANTY CODE
(LOCATED ON BOTTOM OF LAW TAG):

Please give a complete description of the possible warranty issue:
