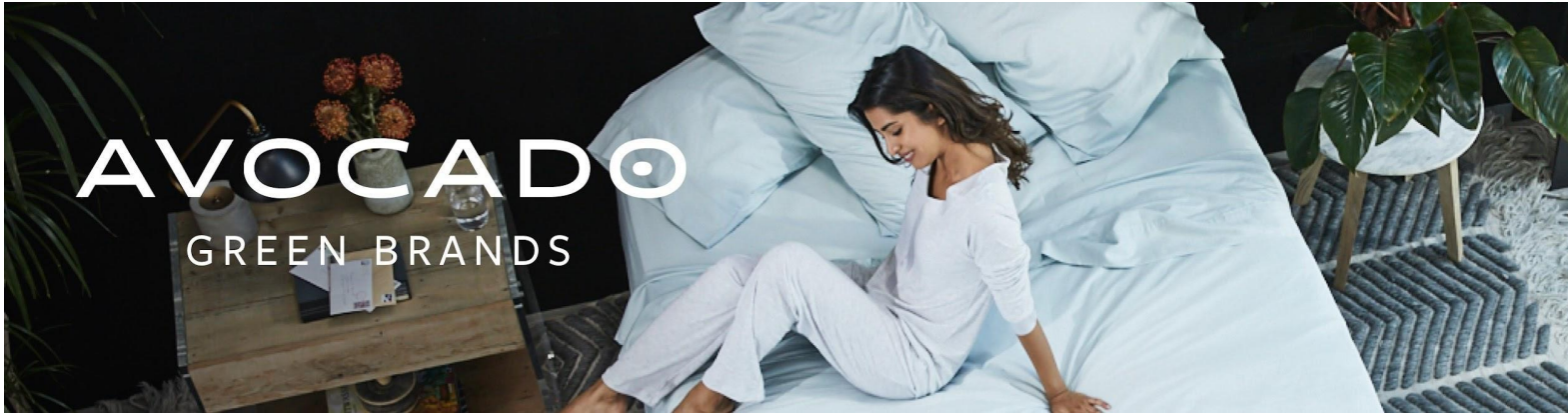


Furniture Warranty Claim

Complete this form for all wood bed frames, dressers, tables, and nightstands.

In order to process a Warranty Claim the Claim Form must be completed by the original purchaser of the product. After receiving the claim form a thorough review will be conducted by the manufacturer. The purchaser will be contacted and advised of the next steps. The entire Warranty Claim Form must be completely filled out before processing begins. A confirmation of receipt of the Warranty Claim Form will be issued. If no confirmation is received within (1) one business day, contact a customer service representative. If we do not receive the fully completed Warranty Claim Form within 30 days of the initial Warranty Claim, the Claim will be closed. If and when the Warranty Claim Form is approved the replacement products will be issued.

TO BE COMPLETED BY THE PURCHASER			
Name			
Date of Claim			
Address			
City			
State		ZIP	
Phone			
Product			
Order Number		Order Date	



Explain Defect:	
[] Yes [] No	I have read the Product Warranty , and understand what is covered and what is not covered.
[] Yes [] No	The product is free from stains or abnormal use.
[] Yes [] No	I have followed the care instructions for this product.
[] Yes [] No	I have moved since purchasing this product. If yes, please provide original address:
Signature	

Photographs are Required

Send as many pictures necessary to depict the area(s) of concern. Photos must show:

- Overall product image – please remove mattresses for bed frames.
- Overall area of concern.
- The more pictures, the better, from different angles.
- Use a tape measure to reference sizes, when appropriate.