

DEALER RETURN REQUEST FORM

Date Completed: _____ Technician Completing Form: _____

Dealer Information

Name:	Dealer #:	Contact Name:	
Address:	City:	State:	Zip Code:
Phone:	E-mail Address:		
Comments:			

Consumer Information

Name:	Date of Purchase:
Address:	City: State: Zip Code:
Home Phone:	Work Phone: Cell Phone:
Concern:	

Product Information

Manufacturer: Sealy Stearns & Foster Bassett	Warranty Code:	Product Name:
Product Type: Innerspring Latex Memory Foam Air Bed	Size: T TXL F FXL Q Spilt Q K CK	
Firmness: F CF P UP	Type of Top: Tight Top PT ET EPT BT Deluxe EPT	
Is this a replacement product? Yes No	Is Mattress Single Sided: Yes No	

Mattress Information

Law Tag Item #:	Is Law Tag Attached? Yes No	Date of Manufacture:
Is mattress unsanitary or abused on either side? Yes No	12 Digit Barcode Number:	

Is the mattress sagging 1.5 inches or more? Side 1: Yes No * Side 2: Yes No Describe Issues Observed: Additional Information/Comments: * If Applicable	Please use charts to detail depressions, abnormalities, abuse etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Side (1)</td> <td style="width: 25%;">(Left Side)</td> <td style="width: 25%;">(Center)</td> <td style="width: 35%;">(Right Side)</td> </tr> <tr> <td>Head</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Center</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Foot</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Side (2)*</td> <td style="width: 25%;">(Left Side)</td> <td style="width: 25%;">(Center)</td> <td style="width: 35%;">(Right Side)</td> </tr> <tr> <td>Head</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Center</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Foot</td> <td></td> <td></td> <td></td> </tr> </table>	Side (1)	(Left Side)	(Center)	(Right Side)	Head				Center				Foot				Side (2)*	(Left Side)	(Center)	(Right Side)	Head				Center				Foot			
Side (1)	(Left Side)	(Center)	(Right Side)																														
Head																																	
Center																																	
Foot																																	
Side (2)*	(Left Side)	(Center)	(Right Side)																														
Head																																	
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Box Spring Information

Law Tag Item #:	Is Law Tag Attached? Yes No	Date of Manufacture:
12 Digit Barcode Number – Box 1:	12 Digit Barcode Number – Box 2:	
Is box spring unsanitary or abused on either side? Yes No	Does the Box match the Mattress? Yes No	

Describe Issues Observed: Additional Information/Comments:	Please use charts to detail depressions, abnormalities, abuse etc. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 15%;">Top Side</td> <td style="width: 25%;">(Left Side)</td> <td style="width: 25%;">(Center)</td> <td style="width: 35%;">(Right Side)</td> </tr> <tr> <td>Head</td> <td></td> <td></td> <td></td> </tr> </table>	Top Side	(Left Side)	(Center)	(Right Side)	Head			
Top Side	(Left Side)	(Center)	(Right Side)						
Head									

Center			
Foot			

Bed Frame Information

Type of Frame: If not listed below: Other (Describe):



Adjustable legs extended? Yes No

Center rail supporting both (split) boxes?: Yes No Sag in slats or rail? Yes No

If Frame has slats, how many? List number: Looseness or noise in fasteners/joints? Yes No

If frame has legs, how many? List number: Is there a center leg? Yes No

Description:

Signature: **Date:**
(not needed if emailed)

FOR SEALY OFFICE USE ONLY

Mattress	Box Spring (1)	Box Spring (2)
CA	CA	CA

PICTURES MUST BE ATTACHED TO COMPLETE FORM

See Return request Instructions for examples