



Mattress Warranty Claim Form

Completing this form will begin your warranty process which may take 2-3 weeks. **Please remember that your warranty is through the manufacturer of the mattress you purchased (NOT Bedding Mart).** Because we value your business we offer this service on your behalf to assist you with the warranty process. Please provide us with the information we need in order to process your warranty claim. Required information is marked with an (*). If all the required information is not complete then your warranty claim *may not be processed*. If you have questions about this form please contact your salesman for assistance. Thank you!

*Today's Date (mm/dd/yy)

*Customers Name (as it appears on your receipt)

*Current Address

*City *State *Zip

*Phone # Including Area Code

*Email Address

*Do you have a copy of your receipt? ___ Yes ___ No If you have a copy of your receipt please provide the sale number (located at the bottom of your receipt).

Sale Number (found on your receipt)

*Which Bedding Mart did you purchase from? (Check one)

- ___ Branson, MO-1076 Branson Hills Parkway
- ___ Broken Arrow, OK-1354 E. Hillside Dr.
- ___ Conway, AR - I 40 Access Rd. (Behind Target)
- ___ Fort Smith, AR - 2700 S. 66th St. (by Pier 1 Imports)
- ___ Hot Springs-1529 Albert Pike Rd
- ___ Jacksonville-2126 N. First St, STE F
- ___ Jonesboro, AR - 1320 Stadium Blvd. (North of Turtle Creek Mall)
- ___ Jonesboro, AR-2508 Highland Dr.
- ___ North Little Rock, AR- 4100 Landers Rd. (Next to Chuck E Cheese)
- ___ Rogers, AR - 4415 West Walnut (Next to Hampton Inn)
- ___ Springdale, AR - 4260 S. Thompson (Furniture Avenue)
- ___ Springfield, MO - 1975 E. Independence Ave. (James River Town Center)
- ___ Texarkana, TX - 506 Walton Dr. (Across from Wal-Mart)
- ___ West Little Rock, AR - 912 S. Bowman. (Next to Pier 1)
- ___ Other Location _____

We need a little information about your mattress. Please fill out the information below carefully. Thank you!

**What brand mattress did you purchase? (Check one)*

- | | |
|--|---|
| <input type="checkbox"/> Simmons Beautyrest (Classic) | <input type="checkbox"/> Serta |
| <input type="checkbox"/> Simmons Beautyrest (World Class) | <input type="checkbox"/> Comforpedic |
| <input type="checkbox"/> Simmons Beautyrest (Black Collection) | <input type="checkbox"/> Englander |
| <input type="checkbox"/> Simmons Beautyrest (Connoisseur Collection) | <input type="checkbox"/> King Koil |
| <input type="checkbox"/> Simmons Deepsleep | <input type="checkbox"/> Comfort Select |
| <input type="checkbox"/> Tempurpedic | <input type="checkbox"/> Taylor & Wells |
| <input type="checkbox"/> Other _____ | |

What is the name of your mattress? _____

**Is the label attached to the mattress?* Yes No

**Is the law tag attached to the mattress?* Yes No

If the law tag is attached please provide the (manufacture date) & (mattress pattern Number) which can be found on the law tag. Also, send in a photo of the law tag.

Date Manufactured

Mattress Pattern Number Ex. (M90005.70.4322)

**Mattress Size? (Check one)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Twin | <input type="checkbox"/> Queen | <input type="checkbox"/> King |
| <input type="checkbox"/> Full (double) | <input type="checkbox"/> Twin Extra Long | <input type="checkbox"/> California King |

**Firmness? (Check one)*

- | | | |
|--------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Firm | <input type="checkbox"/> Pillow Top | <input type="checkbox"/> Memory Foam |
| <input type="checkbox"/> Plush | <input type="checkbox"/> Super Pillow Top | |

**Has the mattress ever been moved?* Yes No

**Is the mattress stained?* Yes No

If so please describe the stain: _____

**Do you use a foundation (boxspring) with your mattress?* Yes No

**Was your foundation purchased with your mattress?* Yes No

**Do you use a frame?* Yes No

*Which one best describes your frame? (Check one)

Metal bed frame Wood headboard, footboard, & rails No frame used

*Does your frame have a center support? Yes No No Frame Used

*Did you purchase your frame with your mattress? Yes No No Frame Used

We ask that you provide a picture of your center support if you use a frame. Please take a photo of center support and frame and mail it in with this form. Thank you!

Now we need to know what type of problem you are having with your mattress. Fill out the information below and be as specific as possible.

*Please select the one that best describes your problem. (Check one)

- Stitching coming unsewn
- Squeaky Foundation (Box spring)
- Dips or bends around perimeter
- Coil/wire broken
- Body impression
- Other

*Please describe your problem. Be as specific as possible.

*When did you first notice the problem? (Check one)

- A few days ago
- A few weeks ago
- A few months ago
- More than 6 months ago

*Is the problem affecting your sleep? Yes No

If so tell us how much. (Check one)

- Not much
- A little
- More than a little
- A lot

We require photos of your problem area before your warranty claim can be processed. Please take a photo of your problem area and send it in with this form. Taking several photos from different angles will help speed up the process. If your claim is for a "Body Impression" please place a golf ball or similar sized object in the deepest portion of the impression for the photo. Use a straight edge such as a broom handle, yard stick, etc. and lay it across the impression; use the ruler or tape measure to illustrate the number of inches from the bottom of the impression to the straight edge. Do not measure into the stitch channel of the mattress. This is the natural indention in the mattress.

Remember to take off all sheets, comforters, and mattress protectors before taking any pictures.

Mail this form along with pictures to:

Bedding Mart
PO Box 360
Perryville, AR 72126

Or email them to customersupport@thebeddingmart.com

Remember this process usually takes 2-3 weeks depending on manufacturer response time. Please keep in mind should your claim be found **valid** you (*the customer*) are still responsible for any **delivery costs** that may be associated with replacing your mattress. Thank you for your patience and we appreciate your business.

Photos required to send in with Warranty Claim:

- ___ Body Impression Measurement (see photo below for details on how to measure)
- ___ Full View of Mattress Showing Depth of Body Impression
- ___ Full View of Foundation (Box Springs)
- ___ Full View of Frame including Center Support
- ___ Photo of Law Tags and Labels

Example of how to measure Body Impression.

