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)

___Simmons Beautyrest (Classic)  ___Serta  
___Simmons Beautyrest (World Class)  ___Comforpedic
___Simmons Beautyrest (Black Collection)  ___Englander  
___Simmons Beautyrest (Connoisseur Collection)  ___King Koil
___Simmons Deepsleep  ___Comfort Select
___Tempurpedic  ___Taylor & Wells
___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)
___Twin  ___Queen  ___King
___Full (double)  ___Twin Extra Long  ___California King

*Firmness? (Check one)
___Firm  ___Pillow Top  ___Memory Foam
___Plush  ___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 indentation 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.