

MATTRESS WARRANTY / REPAIR FORM

CUSTOMER INFORMATION:

Customer Name:	Delivery Date:		
Customer Address:			
City:	State:	ZIP:	
Home Phone:	Cell Phone:		
Email Address:			
Location of Store of Purchase:			
Sales Order Number:			
In order that we may process your claim request in We cannot process this claim without all necessar entirety, it will be returned for further information	y information. If this War		
TRANSPORTATION COS	TS ARE NOT COVERED U	JNDER WARRANTY	
PRODUCT INFORMATION:			
To help you identify your mattress and box spring border. In addition, there is a "Law Tag" sewn on th		•	
1. Model Name: Mattress		Size	
Box Spring			
2. Firmness of Mattress: ☐ Extra Firm ☐ Plush Fir	m □ Plush □ Pillow To	p □Other	
3. Date of Purchase:	Retai	l Price: \$	
4. Provide the following from the "Law Tag" affixed	I to your mattress and/or	box spring:	
Warranty Code:	Manufactui	re Date:	
5. Did you purchase the mattress and box spring a	as a matched set? Yes	□No	
If not, when was each purchased? Mattress:		Box Spring	
6. Did you purchase a new frame at the time of pur	chase? □ Yes □ No		
7. Has your product ever been replaced or repaired	? □ Yes □ No		
If yes, when? W	hy?		
8. How often do you rotate your mattress?			
9. Have you moved since you purchase your mattre	ess/box spring? Yes	No	
If ves when?			

DESCRIPTION OF COMPLAINT:

 Mattress: Check any boxes that may apply to your mattress please refer to the section on "How to Measure Body Impres ments. 	 , ,	
☐ Quilt Stitching		
☐ Soiled/Stained		
☐ Bent Border Wire		
☐ Coil Cut		
□ Noise		
□ Odor		
☐ Body Impression	<u> </u>	

Please use diagram below to identify location where you have a problem:

YOUR RESPONSE MUST INCLUDE:

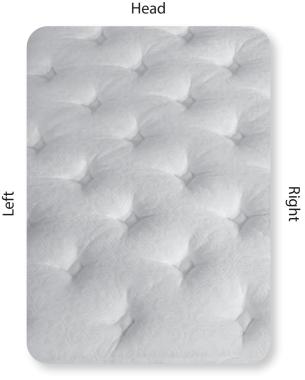
Right side

Left side

☐ Other _____

If your complaint is about sagging, body impressions or any covered broken part, please include 2 to 3 pictures of the mattress—no sheets or mattress pads—one from the side, one from the foot and one across the bed at an angle starting from the corner. Additionally, place a long flat object across the mattress, such as a broom or mop handle, to show the amount of impression present.

Please indicate measurements: (See Page 5)



2. **Box Spring:** Check any boxes that may apply to your box spring and please explain.

☐ Noise	2				
	c .ı				

□ Loose Coils _____

□ Soiled/Stained _____

Please use diagram below to identify location where you have a problem:

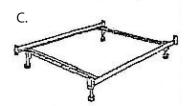
□ Other _____

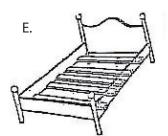


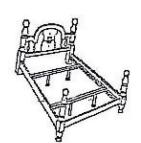
3. **Bed Frames:** Circle which diagram best describes your frame:











If your bed is supported by slats, please indicate:

Number of slats:_____

Width of slats (inches):______
Total number of legs on frame:_____

4. Mattress Fabric Cover:	
Is your mattress or box spring cover soiled, stained, burne If yes, describe:	d or torn? □ Yes □ No
ii yes, describe.	
Please use diagram to identify location:	
Head Foot	
Additional comments related to this product: IMPORTANT: You must have an intact "Law Tag" on your matt We cannot process your claim without proof of purchase. Manufaproduct.	
Customer's Signature	 Date

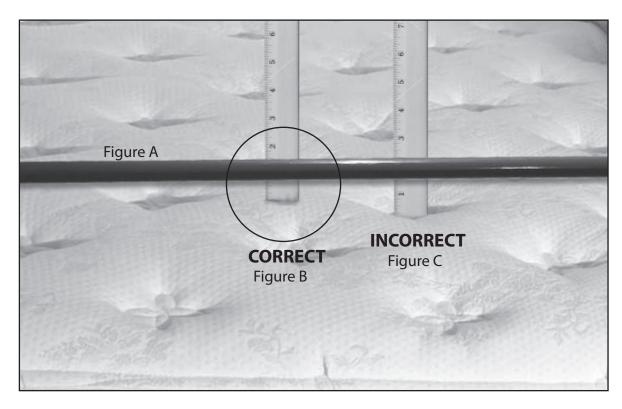
PLEASE RETURN ALL FORMS TO THE STORE OF PURCHASE

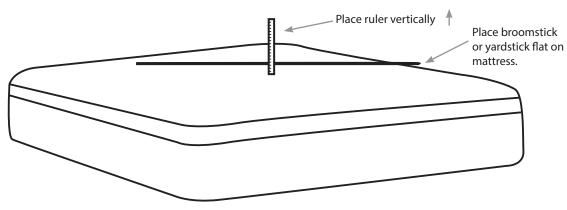
- See locations on Page 6 - www.hanksfurniture.com

HOW TO MEASURE BODY IMPRESSIONS:

Note: If slight body impression appear on your mattress, don't worry, this is normal. The body conforming coils and comfort cushioning materials are beginning to work with you. The impressions are caused by the settling of these materials as they contour to your body to provide support where you need it the most. These impressions are not indicative of structural failure.

- 1. Place a yard stick or broomstick across the location of the body impression (Figure A).
- 2. Using a ruler, measure the depth of the impression from the deepest point of the mattress surface to the edge of the yardstick (Figure B). Place ruler vertically (standing up).
- 3. Measure from the center padded area of the quilting, NOT the seams of the quilting seams (Figure C), so the measurements will be accurate.
- 4. Please take measurements from top surface of mattress. Notice that measurements are not taken in the quilting.







MATTRESS WARRANTY / REPAIR FORM

ARKANSAS

CONWAY

800 Museum Road Conway, AR 72032 501-329-7011

conway@hanksfurniture.com

FORT SMITH

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HARRISON

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HOT SPRINGS

3926 Central Avenue Hot Springs, AR 71913 501-624-7412

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JONESBORO

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NORTH LITTLE ROCK

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nlr@hanksfurniture.com

LITTLE ROCK

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SEARCY

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ROGERS

4308 Pleasant Crossing Blvd. Rogers, AR 72756 479-631-7632.

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TEXAS

TEXARKANA

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ALABAMA

MOBILE

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SPANISH FORT

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FLORIDA

DESTIN

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