

REQUEST FOR CUSTOMER SERVICE

The main priority of BEDZZZ EXPRESS/MATTRESS WAREHOUSE is to provide a prompt response to all customer complaints resulting from the failure of any product sold.

In an attempt to avoid any delays in processing your claim, we ask that you fill out each portion of the attached form completely and be as specific as possible. A fifty dollar inspection fee is required and must be sent in prior to your claim being processed. Please remember than any stains on your mattress will void your warranty.

If bedding is to be replaced, it will be replaced with identical or equal quality merchandise as determined by manufacturer’s policies and terms of manufacturer’s warranties. We cannot guarantee that the replacement product will have the same cover or construction as the piece you purchased. Also, if a replacement is necessary, the fifty dollar inspection fee will be applied to any applicable delivery/removal fees pertaining to the replacement.

Body Impressions

If your mattress has large body impressions, please measure the deepest one in the following manner:

1. Place a string tightly across the mattress above the impression
2. Place the end of a ruler in the deepest point and measure the distance from that point to the string

Record the measurement of the deepest impression here: _____ inches.

Please Note: An impression of one and one-half inches is required by innerspring mattress manufacturers to constitute a warranty claim.

Detection of Noise

If your warranty issue is in regards to noises within your sleep set please indicate where the noise is: ___ Mattress ___ Foundation ___ Frame

Is your sleep set installed on? ___ Frame ___ Side Rails ___ Slats

Have you placed anything beneath your mattress to increase firmness? ___ Yes ___ No

I represent that all information provided here and on the attached form is accurate to the best of my knowledge. Please check your mattress for any stains. A stain on your mattress will void your warranty as stated on your invoice and in your warranty book.

Signature

Date

Your request will be reviewed within 30 days of receiving this request. Please return this request, the completed form, a copy of your original sale receipt and fifty dollars (\$50.00) to:
 BEDZZZ EXPRESS/MATTRESS WAREHOUSE
 Attn: Customer Service Representative
 400 Ridge Drive
 Pelham, Al. 35124

For Office Use Only
 Date Rec'd _____
 Inspected by _____
 Accepted ___ Yes ___ No

CUSTOMER SERVICE FORM

Customer Contact Information

(Please print)

Name _____

Street Address _____

City _____, Alabama Zip Code _____

Daytime Phone (____) _____ Evening Phone (____) _____

Please provide specific directions to your location:

Please indicate which product you are having a problem with:

_____ Mattress _____ Foundation _____ Both

In order to quickly process your request, we need the following information from the Law Tag located at the head of each piece of your sleep set. We need the information from both pieces, even though you may be experiencing a problem with only one piece:

	Mattress	Foundation
Manufacturer	_____	_____
Model Name	_____	_____
Warranty Code	_____	_____
Date of Manufacture	_____	_____

Purchase Information

Sales Ticket Number _____ Date of Purchase _____

Store Name and Location _____

Please describe your complaint as specifically as possible:

Please submit this form with Request For Customer Service form and inspection fee to address provided on Request For Customer Service form.