



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 Beautyrest Sleep Gallery). Because we value your business we offer this service on 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 of the required information is not complete then your warranty claim *may not be processed*. If you have questions about his form, please contact your salesman for assistance. Thank you!

**Today's Date:*

**Customers Name (as it appears on your receipt):*

**Current Address:*

**City, State, Zip:*

**Phone Number (including area code)*

**Email Address:*

**Do you have a copy of your receipt? ____ Yes ____ No*

**What location did you purchase your mattress?*

Springfield _____

Branson _____

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

**What brand mattress did you purchase?*

Beautyrest

Serta

BeautySleep

Tempur-Pedic

Scandinavian

Heritage

Beautyrest Sleep Gallery Exclusive

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

Twin XL

California King

**Firmness: (Check one)*

Firm

Pillow Top

Plush

Super Pillow Top

Memory Foam

**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 you frame? (check one)

___Metal Bed Frame

___Wood Headboard, Footboard & Rails

___No Frame Used

**Does your frame have a center support? ___Yes ___No*

**Did you purchase your frame with your mattress? ___Yes ___No*

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.

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 unsown

___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 “*body impressions*,” 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 a ruler or tape to measure 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 of the mattress).

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

Mail this form along with pictures to:

Beautyrest Sleep Gallery
1826 E. Independence St.
Springfield, MO 65804

OR email them to: beautyrestsleepgallery5788@gmail.com

Remember this process usually takes 2-3 weeks depending on manufacturers response time. Please keep this 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 of your patience and we appreciate your business.

Photos required to send in with Warranty Claim Form:

- ___ Body impression measurement (see fig. B below for details on how to measure)
- ___ Full view of mattress showing depth of body impression
- ___ Full view of foundation (box spring)
- ___ Full view of frame, including center support
- ___ Photo of law tags and labels



