



CONSUMER SERVICE WARRANTY CLAIM REQUEST

For Internal Use Only	
Ref. #	_____
Date Mailed	_____

In an effort to assist you with your Simmons Warranty Claim, answer the following questions as completely as possible. Attach a copy of your bill of sale (if available) and photographs of the mattress (without linens), foundation and the frame unit to this document and return these items to: **Simmons Consumer Service, 1900 Beaver Ridge Circle, Norcross, GA 30071. If the Warranty Claim Form is not fully completed (including photographs), it cannot be processed.**

Name: _____

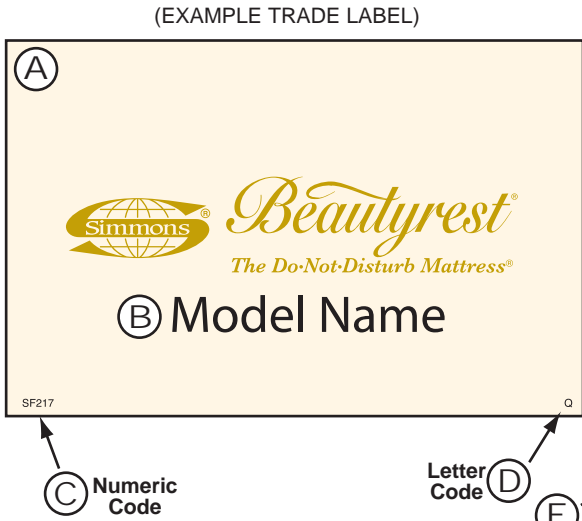
Telephone: _____ Day _____ Evening _____

Address: _____

City _____ St: _____ Zip: _____

Dealer: _____ Date of Purchase _____ Price: _____

To help identify your mattress and foundation look for these labels and copy the information available in the places indicated:



(EXAMPLE LAW TAG)



Size: Mattress

- Twin (38 x 75)
- Twin XL (38 x 80)
- Full (54 x 75)
- Full XL (54 x 80)
- Queen (60 x 80)
- Olympic® Queen (66 x 80)
- California King (72 x 84)
- Eastern King (76 x 80)

Size: Foundation

- Standard
- Low Profile
- Split Queen Boxes

(A) **SATIN TRADE LABEL**
(sewn onto the mattress)

(B) **MODEL NAME:**
(ex. Beautyrest World Class Felicity Pillowtop)

(C) **NUMBER CODE** _____

(D) **LETTER CODE** _____

Indicate any numeric or letter code on label.

Is mattress a pillow top model? **Yes** **No**

Is mattress single sided? **Yes** **No**

Law Tag Information

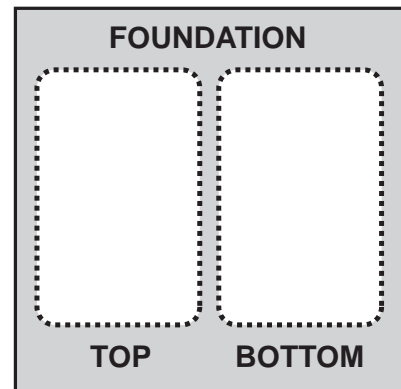
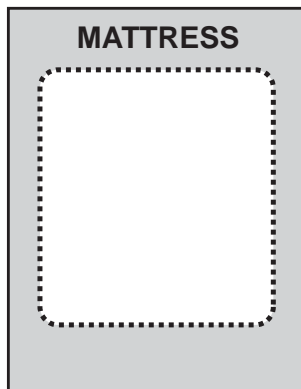
(E) _____
(Date of manufacturing, ex: 01/01/01)

(F) M _____
(Mattress pattern number, ex: M12345.60.1234)

(F) B _____
(Foundation pattern number, ex: B12345.80.1234)

(G) _____
(Warranty Code, ex: B3, B7, A)

MATTRESS: Please explain your concern; mark diagram if applicable.



If body impressions exist, measure the depression in an area where there is no stitching by placing a straight edge across the area and using a ruler to measure the depth of the depression on top of the quilting. Please note the depression amounts below, in inches.

Two Sided Mattress:

Label Side
 Right _____ Left _____
 Reverse Side
 Right _____ Left _____
 Foundation
 Right _____ Left _____

Single Sided Mattress:

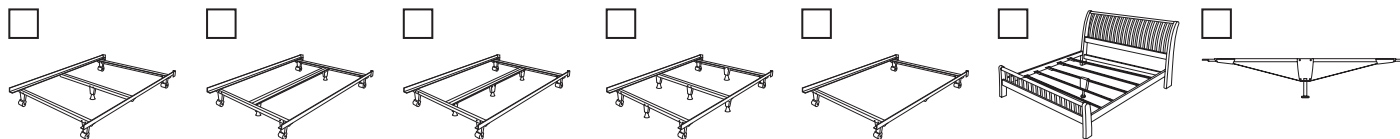
Label Side
 Right _____ Left _____
 Foundation
 Right _____ Left _____

1. Is the mattress manufactured by Simmons? **Yes No**
2. Is the foundation manufactured by Simmons? **Yes No**
3. Does the foundation match the mattress? **Yes No**
4. Has either the mattress or foundation ever been replaced? **Yes No**
5. Is mattress stained or soiled in any way? **Yes No**
 If Yes, describe the source and size of stains.

6. Is the foundation stained or soiled in any way? **Yes No**
 If Yes, describe source and sizes of stains.

FRAME / SUPPORT:

Check which diagram best describes your frame.



If frame has slats, how many are present? _____ What type of slats? _____

Customer Signature _____ Date _____

Checklist: Warranty Claim Request Bill of Sale Photos

(All items received become the sole property of Simmons Bedding Company and will not be returned.)

For more detailed information, visit www.simmons.com, keyword: Warranty Claim



Better Sleep Through Science.®

Simmons Bedding Company Warranty Process Instructions

The following tags **MUST** be intact to validate your warranty claim:



Satin Trade Label



"Under Penalty of Law" Tag



Non-flip Mattress Top



Foundation Top



Frame system

If your concerns are body impressions, place a straight edge (like a yardstick or broom handle) across the area. Using a ruler, measure the depth of the depressed area, without applying any pressure, and then photograph the measurements. Please be sure to measure in the middle of the quilted area, not the stitching.



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