

# MATTRESS WARRANTY/REPAIR FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of Retailer \_\_\_\_\_

Retailer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

In order that we may process your claim request in an accurate and timely manner, please complete this form in full. We cannot process this claim without all necessary information. If this *Warranty Claim Form* is not completed in its entirety, it will be returned for further information.

**\*\*\*TRANSPORTATION COSTS ARE NOT COVERED UNDER WARRANTY\*\*\***

## PRODUCT INFORMATION

To help you identify your mattress and box spring, please look at the product name affixed to the mattress panel or border. In addition, there is a "Law Tag" sewn on the mattress border and on the bottom of the box spring.

1. Model Name: Mattress \_\_\_\_\_ Size \_\_\_\_\_  
Box Spring \_\_\_\_\_ Size \_\_\_\_\_

2. Firmness of Mattress:  Extra Firm  Plush Firm  Plush  Pillow Top  Other

3. Date of Purchase: \_\_\_\_\_ Retail Price: \$ \_\_\_\_\_

4. Provide the following from the "Law Tag" affixed to your mattress and/or box spring:

Warranty Code: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

5. Did you purchase the mattress and box spring 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 purchase?  Yes  No

7. Has your product ever been replaced or repaired?  Yes  No

If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_

8. How often do you rotate your mattress? \_\_\_\_\_

9. Have you moved since you purchase your mattress/box spring?  Yes  No

If yes, when? \_\_\_\_\_

**DESCRIPTION OF COMPLAINT**

1. **Mattress:** Check any boxes that may apply to your mattress and please explain. If body impression is checked, please refer to the section on “How to Measure Body Impressions” on page 5. Please provide exact measurements.

Quilt Stitching \_\_\_\_\_

Soiled/Stained \_\_\_\_\_

Bent Border Wire \_\_\_\_\_

Coil Cut \_\_\_\_\_

Noise \_\_\_\_\_

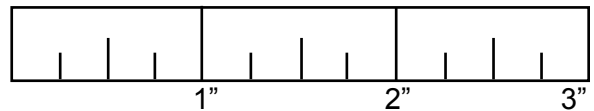
Odor \_\_\_\_\_

Body Impression \_\_\_\_\_

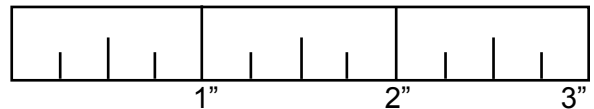
Please indicate measurements:

(See Page 5)

right side



left side

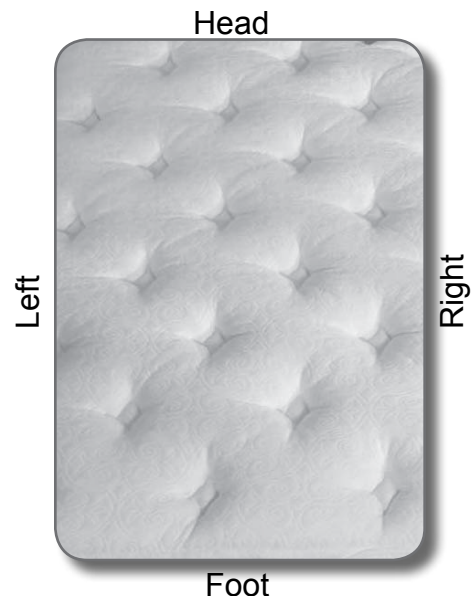


Other \_\_\_\_\_

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

**YOUR RESPONSE MUST INCLUDE:**

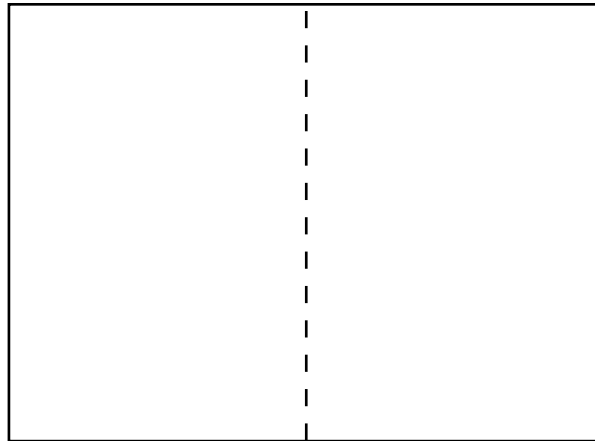
If your complaint is about sagging, body impressions or any covered broken part, please include 2 to 3 pictures of the mattress—no sheets or mattress pads—one from the side, one from the foot and one across the bed at an angle starting from the corner. Additionally, place a long flat object across the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



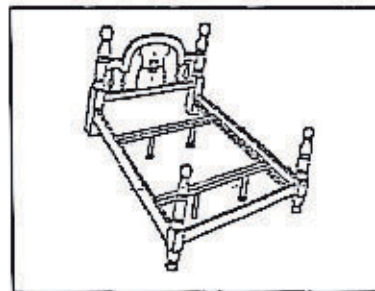
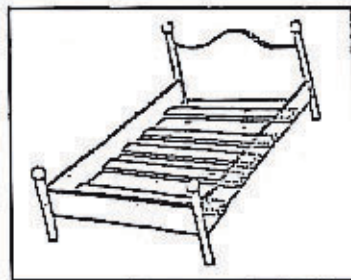
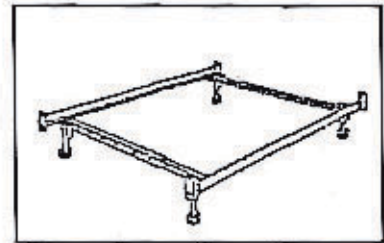
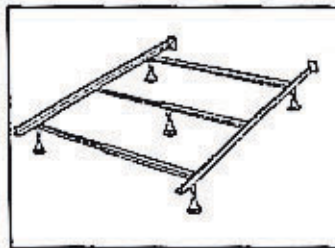
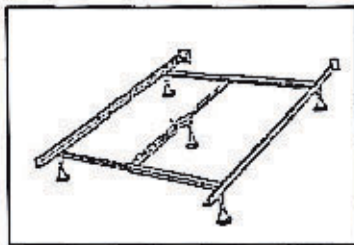
2. **Box Spring:** Check any boxes that may apply to your box spring and please explain.

- Noise \_\_\_\_\_
- Loose Coils \_\_\_\_\_
- Soiled/Stained \_\_\_\_\_
- Other \_\_\_\_\_

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



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): \_\_\_\_\_

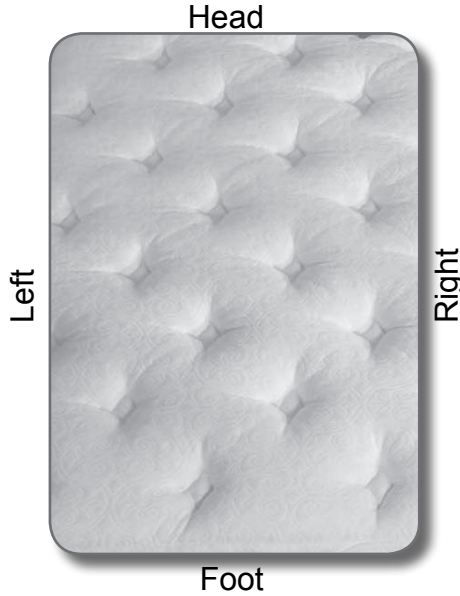
Total number of legs on frame: \_\_\_\_\_

3. **Mattress Fabric Cover:**

Is your mattress or box spring cover soiled, stained, burned or torn?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Please use diagram to identify location:



**Additional comments related to this product:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***IMPORTANT:*** You must have an intact "Law Tag" on your mattress. Attach a copy of your **PROOF OF PURCHASE**. We cannot process your claim without proof of purchase. Manufacturer has sole discretion to repair or replace defective product.

\_\_\_\_\_  
(customer's signature)

\_\_\_\_\_  
(date)

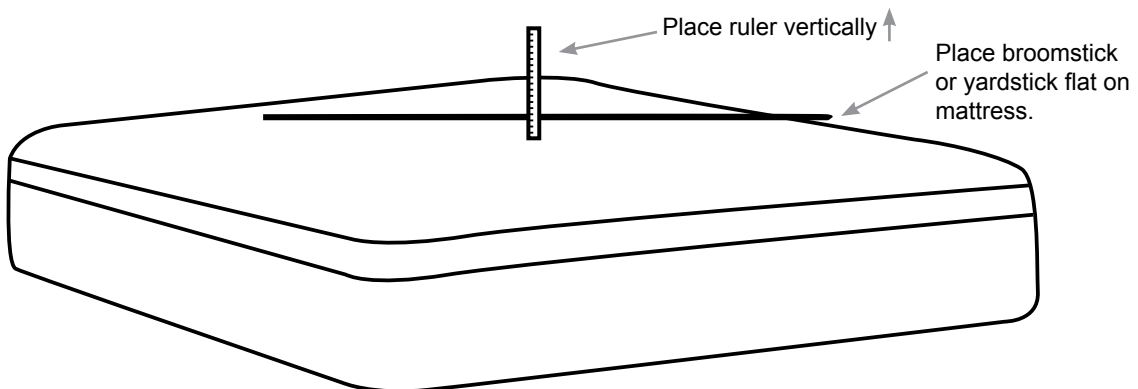
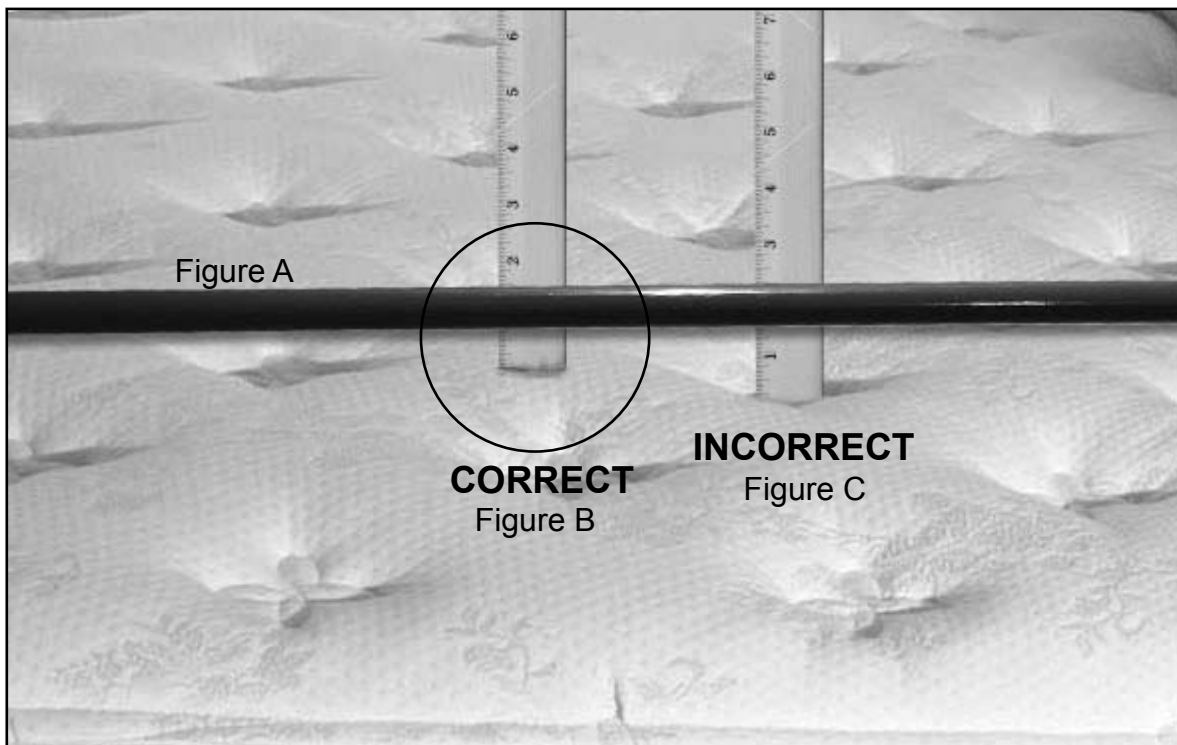
**Please Return all Forms to Store of Purchase**

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



# Store Locations & Information

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BENTONVILLE	2901 SE 14th Street, Bentonville, AR 72712 Phone: 479-271-0423 Fax: 479-464-9804 Email: ben@hanksfurniture.com Hours: Tues-Sat 9-6 Sun 1-6
CONWAY	800 Museum Road, Conway, AR 72032 Phone: 501-329-7011 Fax: 501-329-7013 Email: conway@hanksfurniture.com Hours: Mon-Fri 10-8 Sat 9-7 Sun 12-6
FORT SMITH	5912 South 36th, Fort Smith, AR 72908 Phone: 479-646-6631 Fax: 479-646-1736 Email: fsm@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
HOT SPRINGS	3926 Central Avenue, Hot Springs, AR 71913 Phone: 501-624-7412 Fax: 501-624-4640 Email: hsp@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 1-6
JONESBORO	1808 Highland, Jonesboro, AR 72401 Phone: 870-931-0324 Fax: 870-931-0624 Email: jsb@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
NORTH LITTLE ROCK	5704 Warden Road, North Little Rock, AR 72120 Phone: 501-834-1454 Fax: 501-834-7363 Email: nlr@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
LITTLE ROCK	1000 South Bowman Rd., Little Rock, AR 72211 Phone: 501-954-7130 Fax: 501-954-7038 Email: wlr@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
SEARCY	401 South Poplar Street, Searcy, AR 72143 Phone: 501-268-6606 Fax: 501-268-9453 Email: src@hanksfurniture.com Hours: Mon-Fri 9-7 Sat 9-6 Sun 1-6
SPRINGFIELD	1645 East Independence, Springfield, MO 65804 Phone: 417-889-6660 Fax: 417-889-6577 Email: sfs@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
TEXARKANA	502 Walton Drive, Texarkana, TX 75501 Phone: 903-223-9844 Fax: 903-223-3934 Email: tx@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
ROGERS	4308 Pleasant Crossing Blvd., Rogers, AR 72756 Phone: 479-631-4632 Fax: 479-631-0400 Email: rog@hanksfurniture.com Hours: Mon-Sat 10-8 Sun 12-6
MOBILE	850 Schillinger Road South, Mobile, AL 36695 Phone: 251-635-1450 Fax: 850-837-4718 Email: mob@homeplacefurn.com Hours: Mon-Sat 10-8 Sun 12-6
DESTIN	36000 Emerald Coast Pkwy, Destin, FL 32541 Phone: 850-522-9189 Fax: 850-522-9618 Email: des@homeplacefurn.com Hours: Mon-Sat 10-8 Sun 12-6
PANAMA CITY	1804 West 23rd Street, Panama City, FL 32405 Phone: 850-522-9189 Fax: 850-522-9618 Email: pan@homeplacefurn.com Hours: Mon-Sat 10-8 Sun 12-6
PENSACOLA	6320 North Davis Hwy, Pensacola, FL 32504 Phone: 850-478-4966 Fax: 850-473-0826 Email: pen@homeplacefurn.com Hours: Mon-Sat 10-8 Sun 12-6