



Built for sleep.. since 1949

SPRINGWALL SLEEP PRODUCTS INC.

WARRANTY SERVICE REQUEST QUESTIONNAIRE

Please complete this WARRANTY QUESTIONNAIRE and answer all questions provided
Return the completed warranty questionnaire to Springwall Sleep Products Inc. via mail, fax
or e-mail and be sure to provide a clear copy of the original store receipt

It is MANDATORY that you include photographs with your completed warranty questionnaire

FAX NUMBERS

506-532-8733 (Moncton) | 905-564-5059 (Toronto) | 403-287-7817 (Calgary)

***** IMPORTANT *****

In order for your limited warranty to be valid, you must be the original consumer who purchased the product from an authorized dealer, and must provide the original store receipt or other acceptable proof of date, place of purchase and the purchase price.

Springwall Contact Information:

Attention: _____

Number of Pages: _____ Date (YY/MM/DD): _____

Customer Contact Information:

Name: _____

Address: _____ Tel: _____

City: _____ Fax: _____

Province: _____ Postal Code: _____ e-mail: _____

Purchase Information:

Place of Purchase (Retailer): _____

Date of Purchase (YY/MM/DD): _____ City: _____

WARRANTY SERVICE REQUEST QUESTIONNAIRE

Product Information:

Specific name of product as show on the mattress label: _____

Is the Law Label attached? Yes No Mattress size: Twin Double Queen King

Was this product purchased as a matching set (mattress and foundation)? Yes No

Has your product ever been replaced or repaired? Yes No If "yes", when? _____

How often do you rotate your mattress? _____ Do you rotate the foundation also? Yes No

Is the sleep set utilized in a spare room? Yes No Continuous use? Yes No

How many people are sleeping on this mattress? _____

Is the product stained, soiled or spotted in any way? Yes No If "yes", please describe: _____

Describe in detail, the nature of the defect you see in the mattress or foundation: _____

Check off all that apply in the boxes provided below:

- | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Quilting | <input type="checkbox"/> Stitching | <input type="checkbox"/> Tape Edge | <input type="checkbox"/> Support | <input type="checkbox"/> Comfort |
| <input type="checkbox"/> Bent Border | <input type="checkbox"/> Broken Slat | <input type="checkbox"/> Noisy | <input type="checkbox"/> Loose Coil | <input type="checkbox"/> Coil Exposed |
| <input type="checkbox"/> Torn | <input type="checkbox"/> Odour | <input type="checkbox"/> Sagging | <input type="checkbox"/> Other _____ | |

Does the above apply to: Mattress Foundation Both

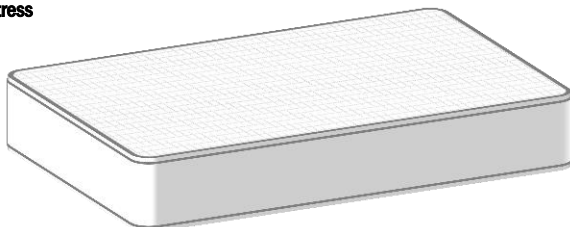
If you checked off "sagging", please proceed to do the following:

Place a yard stick across the area of compression. Using a ruler, measure the depth of the impression on the quilt. Record the measurement in ¼" increments.

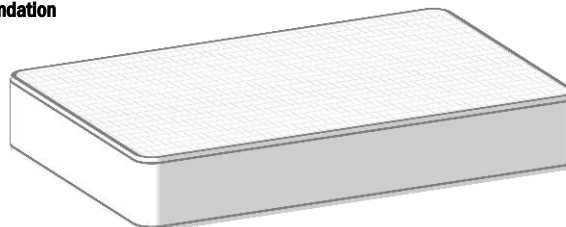
Measurement: _____

Please use these diagrams to indicate the location of the defect(s) you are reporting

Mattress



Foundation



NOTE: Body impressions are normal in a quality mattress. The resilient materials used are designed to conform to your body's individual contours. This is not a manufacturing or structural defect.

The frame supporting your mattress and foundation is important to the life of your sleep set. Describe your frame or bed assembly below, by indicating the location of all legs, along with both vertical and horizontal supports.

Frame/Bed Assembly

