



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, One Concourse Parkway Suite 800, Atlanta, GA 30328. If the Claim Form is not fully completed (including photographs), it cannot be processed.**

Name: _____

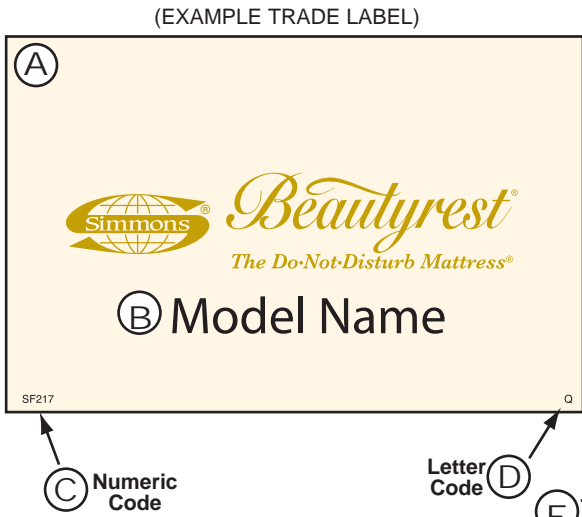
Telephone: _____ Day _____ Evening _____

Address: _____ Email: _____

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:



- 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

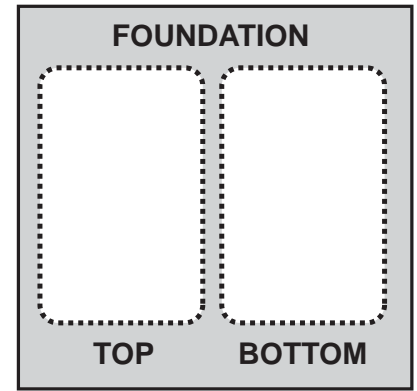
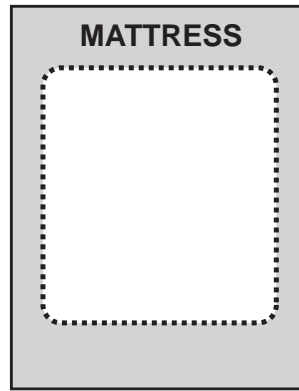
(E) _____
(Date of manufacturing, ex: 01/01/01)

(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:

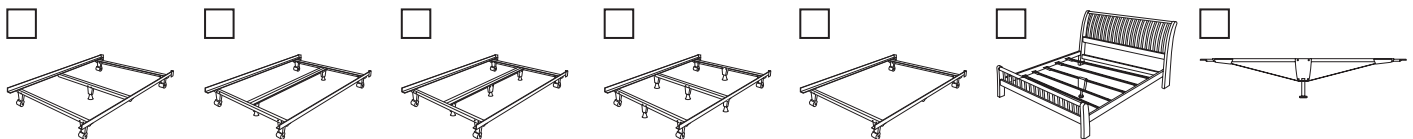
Label Side
 Right _____ Left _____
 Foundation
 Right _____ Left _____

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? _____ What type of slats? _____ Distance between 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



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.



Simmons Bedding Company Consumer Service customerassistance@simmonc.com
One Concourse Parkway, Suite 800 Atlanta, GA 30328 Toll-Free 877-399-9397 Fax: 770-613-8575 www.simmons.com



Better Sleep Through Science.®

Thank you for contacting us about your dissatisfaction with your Simmons product. We are anxious to assist you with your warranty claim. To ensure a prompt response and validate your warranty claim please return the following item. Include your claim number on all photographs.

If the claim form is not fully completed, including photographs, we cannot process your claim.

- Completed Warranty Claim Request form (both sides)
- Copy of your bill of sale, proof of purchase or proof of delivery (if available)
- Photograph of the satin trade label and white "Under Penalty of Law" tag from the mattress
- Photographs of the entire top surface and bottom surface of the mattress without linens. (If the product is a non-flip, only pictures of the top surface are necessary)
- Photographs of the impressions with measurements (if applicable)*
- Photographs of the entire top surface of the box springs/foundation
- Photograph of the entire frame structure
- Photographs of any other concerns which need to be documented

* If your concerns are regarding body impressions which may have formed, place a straight edge (yardstick or broom handle) across the area. Use a ruler to measure the depth of the depressed area, photograph the measurements and record this information on the applicable area of the questionnaire. Be sure to measure on the top of the quilt pattern, not the stitch channel, and do not apply any pressure. See included instruction sheet for picture examples. Please **DO NOT FAX PICTURES** as they will come out black and therefore delay your claim in processing.

After evaluating your questionnaire and photographs, we will notify you in writing of our findings. Please do not dispose of your bedding product until your claim is finalized by Simmons. If you have any questions, please feel free to contact us, toll-free, at 877-399-9397. To expedite service, you may fax your claim form to 770-613-8575 (do not fax pictures) or email to claims@simmons.com. Emails must be under 2MB total to be received by our department. Our mailing address is: One Concourse Parkway Suite 800 Atlanta, GA 30328.

Sincerely,
Simmons Corporate Warranty Department