

WARRANTY CLAIM FORM

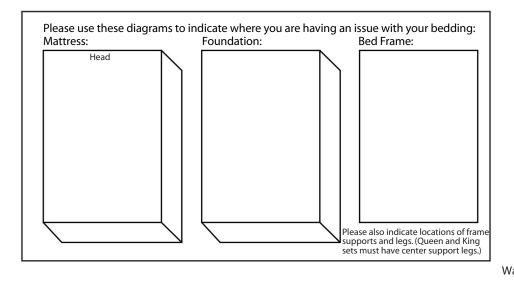
Phone: 1-626-333-4212 Fax: 1-626-226-2336 Email: support@sleepm.com LL INC.

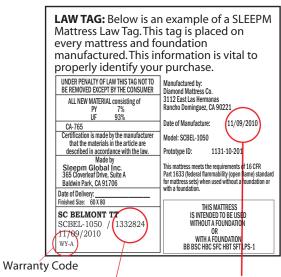
Return to: Email: SLEEPM GLOBAL INC. 365 Cloverleaf Drive. Suite A Baldwin Park, CA 91706

Date: _

CUSTOMER INFORMATION (All fields required)

| Name: | | Address: | |
|---|-------------------------------|------------------------------|--|
| City: | | State: | Zip: |
| Primary Tel: | Secondary Tel: | e-ma | ail |
| Date of purchase: | Dealer Name | : | |
| City: | | State: | Zip: |
| MATTRESS INFORMATION | | | |
| Model Purchased: | Size: | Law Tag Number: | Manufacture Date: |
| FOUNDATION INFORMATION | | | (Please refer to law tag example below to find Law Tag number and Manufacture Date, which is located on your mattress) |
| Model Purchased: | Law Tag Nu | mber: Manu | ufacture Date: |
| BED FRAME INFORMATION | | | |
| Type: [] Metal Bed Frame [] V [] Other, please describe: | | | |
| Does your frame have center support | ? [] Yes [] No | | |
| Do you use bords or other flat objects | in between your mattress and | foundation to increase the r | mattress firmness? [] Yes [] No |
| If yes, please describe: | | | |
| CLAIM INFORMATION | | | |
| Please describe the nature of the prod | luct failure: | | |
| | | | (Please continue on backside if needed) |
| · | · | | [] No. Foundation: [] Yes [] No |
| • | | | |
| it yes, please indicate the mo | odei name and date of purchas | se oi originai bed: | |





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WARRANTY CLAIM FORM

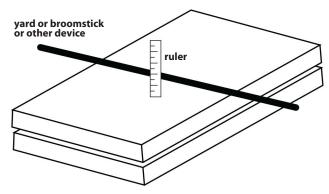
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HOW TO MEASURE BODY IMPRESSIONS:

- 1. Remove blankets, sheets and mattress pad before measuring.
- 2. Place yardstick or broomstick across the location of body impression(s), (the hip area is usually deepest)
- 3. Using a ruler, measure the depth of impression from deepest point of mattress surface to the edge of the yardstick.
- 4. Measure from the center of padded area of quilting, not the seams of the quilting threads, so that measurement will be accurate.
- 5. It is best if you place a piece of paper, or something solid, on the bed to measure to.

Please take measurements from top surface of mattress, then flip mattress (if you have a two-sided bed) and measure again. Please note these measurements in the diagrams above. These accurate measurements will enable us to process your claim efficiently.



Do NOT measure inside the sewing

STANDARD VS DIRECT CONTACT WARRANTY:

The standard 10 year Limited Warranty covers body impressions greater than 1 1/2" and is denoted by an "A" on the product's law tag. An industry leading 20 Year Limited Warranty is offered on all CoolTouch™ and Ethos™ models, which covers impressions greater than 3/4" and is denoted by the code "DC" on the product's law tag. To find the warranty code and additional product information see the product's law tag, which is attached to all mattresses and foundations and is illustrated on page 1.

ADDITIONAL REQUIRED DOCUMENTATION:

Since an in-home inspection cannot be made, *five photos are required*: 1. the frame the bed sits on; 2. box spring; 3. top mattress; 4. two photos of the defect. If the defect is a body impression, you MUST show the actual depth of the impression in your photo. No decision can be made without the required photos.

The SLEEPM Mattress warranty does NOT cover items such as, but not limited to:

- bedding sold "as-is"
- bedding height
- bent perimeter border rods due to moving or bending the sleep set
- fabric stains, soiling, tears, burns, or fluid penetration
- replacement of another piece of sleep set, unless also defective
- transportation costs
- body impressions less that 1 1/2"
- sagging less than 1 1/2"
- mattress damage due to abuse or inappropriate foundation
- sheet fit
- comfort preference corner guards
- cover

PLEASE NOTE:

The cost of transporting the bedding products is the sole responsibility of the consumer. This is stated in the warranty guide received upon purchase of your SLEEPM Mattress.

IMPORTANT:

If bedding is soiled or stained in any manner, it is considered to be in an unsanitary condition. The warranty is therefore VOID and we cannot proceed with the claim.

Please verify by your signature that there are no stains or soiling on the bedding.

| Claimant signature: |
|---------------------|
|---------------------|

A COPY OF THE PROOF OF PURCHASE IS REQUIRED TO PROCESS A WARRANTY CLAIM.

| Claimant signature: | |
|---------------------|--|
| | |