

Spring Air Service Request Form

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (HOME) _____
(WORK) _____
(CELL) _____

EMAIL: _____

1. Name of product as shown on product label or law tag _____
2. Size of set: _____
3. Date of original purchase: ____/____/____
4. Location of purchase: _____
5. Which type of support system is your bedding on? (Circle one)
Metal Bed Frame Metal Bed Frame w/ Center Support Platform Base Wooden Slats
6. Has your product ever been replaced or repaired? () YES () NO
If you have answered "yes" to question # 6, please provide an explanation as to when and the reason(s) involved on the back of this form.
7. How often was your mattress rotated during the first six months?
_____.
8. How often have you rotated your mattress after the initial six months?
_____.
9. Is the merchandise soiled or spotted in any way? () Yes () NO

10. Is the law tag still attached to your bedding? () Yes () NO
If so, please identify the warranty code stamped on the tag.
(Represented by a letter A-Z) Enter one letter_____

Please describe the problem you are experiencing with your bedding in the space provided below:

- If your mattress is sagging we ask that you measure the indentation by placing a yardstick or something with a straight edge across the area of impression and using a ruler, measure down to the depth of the indentation.

Record your measurement here:_____inches.

- If your bed is making noise, please perform the test under squeaks and noises on page one.

Location of noise: Mattress:_____Foundation:_____Frame:_____

Please use these diagrams to identify where you have a problem with your bedding. **At this time please carefully inspect the mattress set and make sure it is free of stains.**

Mattress Top



Foundation Top



Mattress Bottom

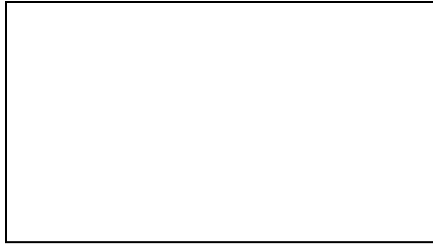


Foundation Bottom



The frame supporting your mattress and foundation is important to the life of your set. Please describe your bed frame below.

(Indicate location of center legs, horizontal or vertical supports)



Please note: In the event that the replacement of a defective mattress or foundation is authorized and identical materials are not available; you will receive a replacement of equal or greater value. This may mean that the cover (fabric) of the replacement mattress or foundation may not match. **In addition you are responsible for transportation costs.**

I represent that the information that I have provided is accurate and complete to the best of my knowledge. **I have inspected my set of bedding and it is free of stains.**

Customer Signature

Date