

RETAIL WARRANTY CLAIM - FILLABLE PDF FORM

Part I. Customer Information - To be Filled out by the Customer **Customer Name:** Purchase Date: Address: City: Postal Code: Evening Phone Number: Daytime Phone Number: Araam's Sales Order # (If Invoice # not provided): Retailer's Invoice #: Part II. Retailer Information - To be Filled out by the Retailer Dealer Name: Address: City: Postal Code: **Primary Contact Number:** Part III. Product Description - To be Filled out by the Retailer or the Customer Product Name: Mattress Box Spring Set Description of the Warranty Problem: Part IV. Product Inspection – To be Filled out by the Customer or the Retailer Has the Retail Store Inspected Yes No No the Problem: Describe the Problems: Circle the location of the Damage Part V. Maintenance and Care Questionnaire - To be Filled out by the Customer Did you rotate your mattress (as per Responsibilities of the Customer Section)?Yes: No: Picture of Box Springs (please attach)? Yes: No: Picture of Bed Frame (please attach)? Yes: No: Picture of the Law Tag (please attach)? Yes: No: Picture of the warranty problem, use a tape measure to show relative dimensions (please attach) Yes: No: Picture of the Mattress (please attach)? Yes: No: Once the above form is complete, please email it to our Warranty Service Representative at wsr@araaminc.com An acknowledgement will be sent back to you via email or phone call, confirming Araam has received your information. Part VI. For Office Use Only Approved: Not Approved: Comments: