

Dear Customer,

At MurMaid Mattress, it is our desire that every customer be completely satisfied with their purchase from our company.

Please print and complete the form in its entirety, including all pertinent information regarding your claim and mail to Customer Service 1909 Partridge Road NW, Cleveland, TN 37312 .

IMPORTANT INFORMATION:

The MurMaid Warranty covers only the following items during normal wear:

Mattress:

- Wires that are loose, broken or protruding through fabric
- Sagging, only if the mattress has been continuously supported by a matching foundation (or equivalent) and used with an appropriate frame and center support, or a minimum of 5 cross slats
- Body impressions 1 $\frac{1}{2}$ " or greater.

Foundation:

- Broken or loose support elements
- Compression or unstapling of support elements
- Broken or loose grid top
- Splitting of the wood frame
- Loose, bent or defective wood beams
- Sagging, but only when continuously supported with an appropriate frame with a rigid center support

The MurMaid 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
- Handles on mattresses
- Fabric stains, soiling and burns
- Replacement of another piece in a sleep set, unless it is also defective
- Transportation costs
- Body impressions less than 1 $\frac{1}{2}$ "
- Damage of the mattress or foundation due to abuse
- Sheet fit
- Mattress damage due to an inappropriate foundation
- Comfort preference
- Corner guards
- Cover

When mailing the requested information, please enclose a check for \$25 made payable to MurMaid Mattress to cover service/transportation costs (this would cover any subsequent delivery expenses in servicing your mattress).

Your continued satisfaction with your purchase and MurMaid Mattress is extremely important to us.

Sincerely,
Customer Service Representative



REQUEST FOR SERVICE

CUSTOMER NAME _____
(LAST) (FIRST)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

PHONE NUMBER _____
(HOME) (CELL) (DAYTIME)

EMAIL ADDRESS _____

REQUIRED: A COPY OF YOUR PROOF OF PURCHASE OF THE MURMAID PRODUCT, AS THE WARRANTY IS FOR ORIGINAL PURCHASER ONLY.

Please tell us which products you are having a problem with:

MATTRESS ()

BOX SPRING ()

BOTH ()

Please complete the following information. If you do not use a box spring, write "none used".

| | MATTRESS | BOX SPRING |
|----------------|----------|------------|
| Model Name | _____ | _____ |
| Size | _____ | _____ |
| Date purchased | _____ | _____ |
| Store Location | _____ | _____ |
| Invoice Number | _____ | |

Clearly and specifically, please tell us about your complaint. If you are having problems with both mattress and box spring, please describe both sets of problems.

PLEASE NOTE THAT THE COST OF TRANSPORTING THE BEDDING PRODUCTS IS THE SOLE RESPONSIBILITY OF THE CONSUMER.

IMPORTANT: If the bedding is soiled or stained in any manner, it is considered to be in an unsanitary condition. The warranty is therefore void and we will not proceed with the claim.

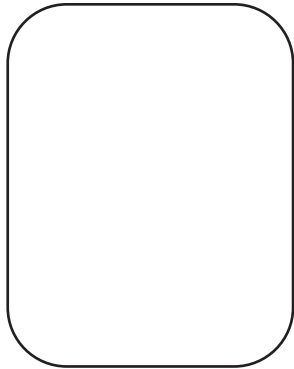
If your mattress has a large body impression(s), please measure the deepest area in the following manner

- (1) Place a string tightly across the bed from side to side.
- (2) Place the end of a ruler in the deepest point and note its depth.

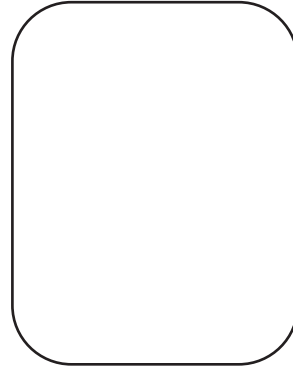
Deepest indentation (side A-top) _____ (side B-bottom) _____

On the following diagram, please indicate where the problem is and show any changes to the bedding since you have received it. For example, if there are stains and /or tears, show where and write the words "stain" and "tear", etc. Also, please indicate the relative size of the problem.

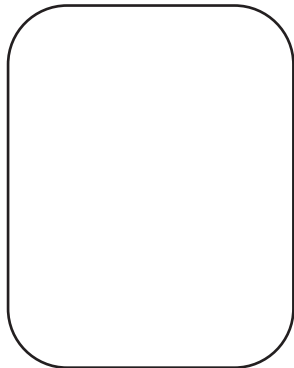
MATTRESS TOP



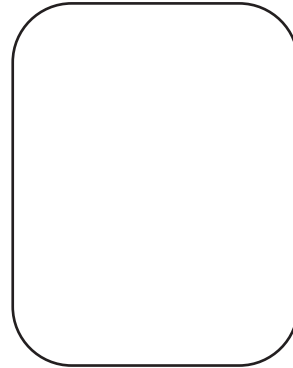
MATTRESS BOTTOM



BOX SPRING TOP



BOX SPRING BOTTOM



The frame supporting your mattress and box spring is important to the life of your product. Describe your frame (indicate location of center legs, horizontal or vertical support).

