

Symbol Mattress / Englander Warranty Claim Form

Thank you for contacting Symbol Mattress/Englander regarding your warranty claim. In order for us to quickly process your claim, we will need the following information. **PLEASE NOTE: IN ORDER FOR YOUR LIMITED WARRANTY TO BE VALID, YOU MUST BE THE ORIGINAL PURCHASER. YOU MUST PROVIDE A COPY OF YOUR STORE RECEIPT ALONG WITH THIS FORM.** All questions must be answered.

Customer Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

E-mail address: _____

Today's Date: _____

Place of Purchase _____

Date of Purchase _____

Is this your first warranty claim regarding this mattress and/or foundation? _____

Have you contacted the store where you purchased the mattress/foundation? _____

Is the bedding stained, soiled, or burned? _____

Is the bedding supported by a bed frame? _____

If yes, please describe the bed frame (i.e. metal or wood, how many slats and legs, and is there a center support?)

Was the item purchased as a set (mattress and boxspring/foundation)? _____

How often is the bedding rotated? _____

Please describe the defect _____

Depressions: Remove linens, using a piece of string, pull tightly across the surface of the mattress where you feel the deepest depression. Measure the depth from the low spot to the string. Do not measure in a patterned stitch. **Please include photos of the measurement, as well as photos of the full unit, and a photo of the law tag when you return this form.**

Squeaks: To verify where the noise is coming from, remove mattress and foundation from bed frame. Check each piece for noise. Be sure to check headboard/footboard as well.

PLEASE MAIL THE COMPLETED FORM ALONG WITH PHOTOS AND ORIGINAL STORE RECEIPT TO:

warrantydept@symbolmattress.com

OR

SYMBOL MATTRESS COMPANY, ATTN: WARRANTY DEPARTMENT, P.O. BOX 6689, RICHMOND, VA 23230