

## COMMERCIAL WARRANTY CLAIM - FILLABLE PDF FORM


### Part I. Customer Information – To be Filled out by the Customer

Customer Name:	Purchase Date:	
Address:	City:	Postal Code:
Daytime Phone Number:	Evening Phone Number:	
Invoice #:	Araam's Sales Order # (If Invoice # not provided):	

### Part II. Product Description – To be Filled out by Customer

Product Name:	SKU #:	Mattress <input type="checkbox"/>	Box Spring <input type="checkbox"/>	Set <input type="checkbox"/>
Description of the Warranty Problem:				

### Part III. Product Inspection – To be Filled out by the Customer

 <p>Circle the location of the Damage</p>	Describe the Problems:

### Part IV. Maintenance and Care Questionnaire– To be Filled out by the Customer

Did you rotate your mattress (as per Responsibilities of the Customer Section)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Picture of Box Springs (please attach)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Picture of Bed Frame (please attach)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Picture of the Law Tag (please attach)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Picture of the warranty problem, use a tape measure to show relative dimensions (please attach)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Picture of the Mattress (please attach)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

**Once the above form is complete, please email it to our Warranty Service Representative at [wsr@araaminc.com](mailto:wsr@araaminc.com)  
An acknowledgement will be sent back to you via email or phone call, confirming Araam has received your information.**

### Part V. For Office Use Only

Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Comments:	