HALF PRICE MATTRESS Phone: 702-325-5225 Fax: 702-558-1618

WARRANTY CLAIM FORM

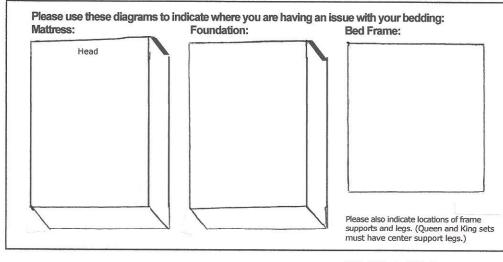
Return Form To: 1214 Wigwam Pkwy Henderson, NV 89074 Or Email Form To:

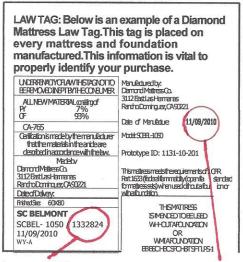
Date:

HPMCUSTOMERSERVICE@GMAIL.COM

CUSTOMER INFORMATION (All fields required)

| Name: | | Address: | | |
|--|-----------------------------|--|--|--|
| | | | Zip: | |
| Primary Tel: | Secondary Tel: | e-r | nail | |
| Date of purchase: | Dealer Name | »: | | |
| City: | | State: | Zip: | |
| MATTRESS INFORMATION | | | | |
| Wodel Purchased: | Size: | Law Tag Number: _ | Manufacture Date: | |
| FOUNDATION INFORMATION | | | se refer to law tag example below to find Law Tag number and Manufacture Date, which is located on your mattress) | |
| Model Purchased: | Law Tag Nu | mber: Ma | | |
| BED FRAME INFORMATION | | | | |
| Type: [] Metal Bed Frame [] \ | Nood Side Rails [] Plat | form Solid Surface [|] Adjustable Base | |
| Other, please describe: | | | | |
| Does your frame have center supp | | | | |
| Do you use boards or other flat obje | cts in between your mattres | s and foundation to incre | ease the mattress firmness? [] Yes [] No | |
| f yes, please describe: | | | | |
| CLAIM INFORMATION | | | | |
| Please describe the nature of the prod | uct failure: | | | |
| | | | | |
| | 1 | | | |
| | | The second secon | (Please continue on backside if needed) | |
| Has Half Price Mattress replaced ar | item before under this wa | rranty claim? Mattress: | []Yes []No Foundation: []Yes []No | |
| If yes, please indicate the date | | | | |
| If yes, please indicate the mo- | | | | |





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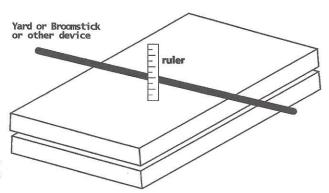
HOW TO MEASURE BODY IMPRESSIONS:

- 1. Remove blankets, sheets and mattress pad before measuring.
- 2. Place yardstick or broomstick across the location of body impression(s), (the hip area is usually deepest)
- Using a ruler, measure the depth of impression from deepest point of mattress surface to the edge of the yardstick.
- Measure from the center of padded area of quilting, not the seams of the quilting threads, so that measurement will be accurate.
- 5. It is best if you place a piece of paper, or something solid, on the bed to measure to.

Please take measurements from top surface of mattress, then flip mattress (if you have a two-sided bed) and measure again. Please note these measurements in the diagrams above. These accurate measurements will enable us to process your claim efficiently.

ADDITIONAL REQUIRED DOCUMENTATION:

Five photos are required: 1. the frame the bed sits on; 2. box spring; 3. top mattress; 4. two photos of the defect. If the defect is a body impression, you MUST show the actual depth of the impression in your photo. No decision can be made without the required photos.



All Manufacture Warranty's do 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
- fabric stains, soiling, tears, burns, or fluid penetration
- replacement of another piece of sleep set, unless also defective
- transportation costs
- body impressions less than 1 1/2"
- sagging less than 1 1/2"
- mattress damage due to abuse or inappropriate foundation
- sheet fit
- comfort preference
- corner guards
- mattress cover

PLEASE NOTE:

The cost of transporting the bedding products is the sole responsibility of the consumer. This is stated in our Terms & Conditions located on our website at www.lasvegasdiscountbeds.com

IMPORTANT:

If bedding is soiled or stained in any manner, it is considered to be in an unsanitary condition. The warranty is therefore VOID and we cannot proceed with the claim.

Please verify by your signature that there are no stains or soiling on the bedding.

| Claimant signature: | |
|---------------------|--|
| | |

A COPY OF THE PROOF OF PURCHASE IS REQUIRED TO PROCESS A WARRANTY CLAIM.

| Claimant signature: | |
|---------------------|--|
| | |