Return Completed Claim Form To:

Half Price Mattress 106 N Stephanie St Henderson NV 89074 Email: hpmcustomerservice@gmail.com Phone: (888) 664-0089

WARRANTY CLAIM FORM CUSTOMER INFORMATION (All Fields Required)

Purchase Date:	Invoice Number:
Customer Name:	Phone:
Address:	
Mattress Model Claimed:	Mattress Size:
Please Describe Mattress Failure:	
damage caused by abuse or inappropriate four Manufacture does not cover body impressions Note: impressions less than 1 1/2" is perfectly If manufacture approves a mattress replacement their replacement, customer will be responsible lower priced mattress the price difference will Customer is responsible for any 3rd party delive	been removed. components inside the mattress and does not cover indation. s less than 1 1/2" normal. ent and customer chooses an upgraded mattress model for le for increased price difference, If customer chooses a

Customer will be required to pay a one time inspection fee for \$60.00 to the claim inspector in order to validate warranty claim.