

BLACKLEDGE FURNITURE

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Corvallis, OR 97339-0639

Ph: 541-753-4851 Fax: 541-752-9631

Email : Service@BlackledgeFurniture.com

**MANUFACTURER BEDDING WARRANTY
SERVICE INFORMATION REPORT**

To be completed by Customer or Service Inspector (see instructions on reverse or call our Service Coordinator).

Customer Name: _____

Customer Address: _____

Home Phone: (____) _____ Daytime Phone: (____) _____

Manufacturer: _____ Model Name and #: _____ Size: _____

Where Purchased: _____ Invoice #: _____ Purchase date: _____

Production Date: _____ Pattern # _____ Ser# (from Law Label) _____

Problem: _____

Has the item been previously replaced or repaired? Yes No (ask customer) If yes, when? _____

Customer notified of any freight or delivery charge of \$ _____ by _____

SUPPORT INSPECTION

Support OK: Twin or Full size, (minimum 4 leg frame or bed). Queen, (minimum 5 leg frame or bed with 4 cross slats and center leg). King, (minimum 6 leg frame or bed with good center support system).

Notes: _____

FOUNDATION INSPECTION

Checked for levelness and even support. Note model and age of foundation, if not purchased at the same time as mattress.

Notes: _____

MATTRESS INSPECTION

Is the mattress being properly turned (over, if 2 sided) **and end-to-end** every 3 months? Yes No (ask customer).

Cushioning layer - depth of cushioning impression (see instructions). _____

Take and send to Service@BlackledgeFurniture.com a measurement photo of a flat area between the surface tufting, showing the height of depression below a straight edge resting on the mattress surface.

Inspection done by: _____ **Date:** _____ **Signature:** _____

___ Sent to Manufactures Representative. By _____ on date _____ done by ___ fax ___ phone ___ mail

___ Digital photo on file

Manufacturer's Service Representative Decision:

No service required (Explain below). Manufacturer Rep. has notified customer, date: _____

Repair and Invoice Vendor for local labor and transportation: _____

Replace Mattress with: _____ Prorated use charge: % _____

Replace Foundation with: _____ Prorated use charge: % _____

Mfg. RA # (s): _____ Rep. Signature: _____ Date: _____

Exchange sale ent'd: _____ CM ent'd: _____ PO # _____ Ent'd By: _____ SO updated: _____