

# WARRANTY REGISTRATION FORM



CUSTOMATIC®

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Store where purchased \_\_\_\_\_

Bed Serial No. \_\_\_\_\_

Invoice No. \_\_\_\_\_

## SURVEY

Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Age: \_\_\_\_\_ 20-30 \_\_\_\_\_ 31-40

\_\_\_\_\_ 41-50 \_\_\_\_\_ 51-60

\_\_\_\_\_ 61-70 \_\_\_\_\_ 71 & up

Reason for purchasing an adjustable bed:

\_\_\_\_\_ Health \_\_\_\_\_ Comfort \_\_\_\_\_ Other

How did you find out  
about CUSTOMATIC Bedz:

\_\_\_\_\_ Advertising \_\_\_\_\_ A friend \_\_\_\_\_ Store

\_\_\_\_\_ Article/Review \_\_\_\_\_ Internet \_\_\_\_\_ Other

**PLEASE MAIL TO:**

**CUSTOMATIC Adjustable Bedz®**

**Customer Care Center**

**550 Crescent Blvd.**

**Gloucester City, NJ 08030**