

# WARRANTY Registration Form



Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

## SURVEY

Gender:  M  F

Age:  18-30  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 CUSTOMOMATIC Bedz:

Advertising  A friend  Store

Article/Review  Internet  Other

### PLEASE MAIL TO:

CUSTOMOMATIC Adjustable Bedz

Customer Care Center

105 Lamplight Circle

Summerville, SC 29483 USA