



APPLICATION FOR EVALUATION OF
FOUNDATION BOX SPRINGS

Company Name: _____ Client: _____

Address: _____ Date: _____

Foundation Model Name: _____

Model Number: _____

Product Identification Number: _____

Foundation Construction:

Construction: _____

Insulation: _____

Foam Padding: _____

Barrier/Interliner: _____

Mattress Ticking: _____

Overall Size (in.) Length: _____ Width: _____ Depth: _____