



APPLICATION FOR EVALUATION OF MATTRESS

Company Name: _____ **Client:** _____

Address: _____ **Date:** _____

Mattress Model Name: _____

Model Number: _____

Product Identification Number: _____

Mattress Construction:

Construction Type (coil, foam, etc. and description): _____

Insulation: _____

Foam Padding: _____

Barrier/Interliner: _____

Mattress Ticking: _____

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