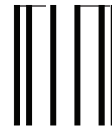
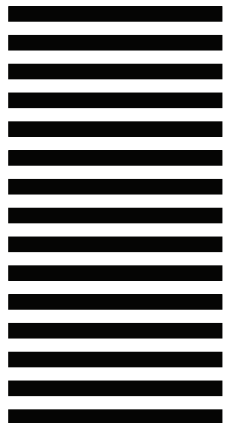


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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1600 CITY OF INDUSTRY CA

POSTAGE WILL BE PAID BY ADDRESSEE

**DACOR
ATTN WARRANTY PROCESSING DEPT
PO BOX 90070
CITY OF INDUSTRY CA 91715-9907**





Please visit www.dacor.com to activate your warranty online.

WARRANTY INFORMATION



IMPORTANT:

Your warranty will not be activated until you activate it online or return this form to Dacor. If you have purchased more than one Dacor product, please return all forms in one envelope or activate the warranty for each product online.

Please rest assured that under no conditions will Dacor sell your name or any of the information on this form for mailing list purposes. We are very grateful that you have chosen Dacor products for your home and do not consider the sale of such information to be a proper way of expressing our gratitude!

Owner's Name:

Street: _____
Last (Please Print or Type) First Middle

City: _____ State: _____ Zip: _____

Purchase Date: _____ Email: _____ Telephone: _____

Dealer: _____

City: _____ State: _____ Zip: _____

Your willingness to take a few seconds to fill in the section below will be sincerely appreciated. Thank you.

1. How were you **first** exposed to Dacor products? (Please check one only.)

- | | |
|---|---|
| <input type="checkbox"/> A. T.V. Cooking Show | <input type="checkbox"/> F. Builder |
| <input type="checkbox"/> B. Magazine | <input type="checkbox"/> G. Architect/Designer |
| <input type="checkbox"/> C. Appliance Dealer Showroom | <input type="checkbox"/> H. Another Dacor Owner |
| <input type="checkbox"/> D. Kitchen Dealer Showroom | <input type="checkbox"/> I. Model Home |
| <input type="checkbox"/> E. Home Show | <input type="checkbox"/> J. Other _____ |

2. Where did you buy your Dacor appliances?

- | | |
|--|---|
| <input type="checkbox"/> A. Appliance Dealer | <input type="checkbox"/> D. Builder |
| <input type="checkbox"/> B. Kitchen Dealer | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> C. Builder Supplier | |

3. For what purpose was the product purchased?

- | | |
|---|---|
| <input type="checkbox"/> A. Replacement only | <input type="checkbox"/> C. New Home |
| <input type="checkbox"/> B. Part of a Remodel | <input type="checkbox"/> D. Other _____ |

4. What is your household income?

- | | |
|---|---|
| <input type="checkbox"/> A. Under \$75,000 | <input type="checkbox"/> D. \$150,000 – \$200,000 |
| <input type="checkbox"/> B. \$75,000 – \$100,000 | <input type="checkbox"/> E. \$200,000 – \$250,000 |
| <input type="checkbox"/> C. \$100,000 – \$150,000 | <input type="checkbox"/> F. Over \$250,000 |

5. What other brands of appliances do you have in your kitchen?

- | | |
|------------------|-----------------------|
| A. Cooktop _____ | C. Dishwasher _____ |
| B. Oven _____ | D. Refrigerator _____ |

6. Would you buy or recommend another Dacor product?

- ☐ Yes ☐ No

Comments: _____

Thank you very much for your assistance. The information you have provided will be extremely valuable in helping us plan for the future and giving you the support you deserve.

