

# CARSAN

Parures de fenêtres  
Window Fashions

Please complete the information below to register your warranty and fax it back to us.

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First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Appt No.: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dealer Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**Overall how satisfied are you with your recent CARSAN purchase(s)?**

**Type of dealer purchased from:**

**Reason for purchase:**

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

- Specialty window covering retail store
- Shop-at-home service (no retail location)
- Furniture store
- Wallpaper or paint retail store
- Other

- Decorating new home
- Redecorating existing home / addition
- Replacing old window coverings
- Bought for a commercial building/business
- Other

**How long have you lived in your current home?**

**When you next purchase window coverings, how likely will you be to purchase CARSAN window coverings?**

**Total amount spent on your most recent CARSAN purchase:**

- Less than 1 year
- 1 to less than 5 years
- 5 to less than 10 years
- 10 years or more

- Very likely
- Somewhat likely
- Not too likely
- Not at all likely

- Less than \$500
- \$500 to less than \$1000
- \$1000 to less than \$2500
- \$2500 to less than \$5000
- \$5000 or more

**Attn:** VP Marketing

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