



PLEASE FILL OUT AND RETURN WITHIN THE NEXT 10 DAYS

Please complete & return within the next 10 days. The top portion of this card is not a condition or requirement for warranty coverage, however, your comments will help us with improvements to better our products.

1. How would you rate your windows?

- Excellent, would buy again
Satisfactory, might consider again
Unsatisfactory, would not buy again

2. Would you recommend your retailer to others?

- Yes No

3. Please check the 2 most important factors influencing your selection of this product:

- Brand Name, Prior Experience, Price, Quality, Features, Warranty/Service, Ease of Operation, Design/Appearance, Other

4. Which of the following products do you intend to purchase within the next 24 months?

- Security Storm Doors, Siding, Entry Door, Roofing, Enclosure, Security System, More Windows, None

5. Which two product features are most important to you?

- Ease of Cleaning, Welded Windows, Style, Crown Molding, Interlocking Rails, Ventilation Latches, Insulated Glass, Other

6. Marital Status

- Married, Divorced / Separated, Widowed, Single / Never Married

7. Occupation

- Homemaker, Professional / Technical, Executive / Administrator, Middle Management, Sales / Marketing, Clerical or Service Worker, Trades / Machine Operator, Retired, Student, Self Employed / Business Owner

8. How long have you lived at the current address?

- Under 1 year, 1-5 years, 6-10 years, 11-15 years, 16-20 years, Over 21 years

9. Which group describes your annual family income:

- Under \$15,000, \$15,000 - \$19,999, \$20,000 - \$24,999, \$25,000 - \$29,999, \$30,000 - \$34,999, \$35,000 - \$39,999, \$40,000 - \$44,999, \$45,000 - \$49,999, \$50,000 - \$59,999, \$60,000 - \$74,999, \$75,000 - \$99,999, \$100,000 & over

FOLD AND TAPE

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Original Homeowner Warranty Certificate

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Product Purchased From:

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date and year of installation:

Manufacturer's Invoice No.: _____

Comments. . . . _____

Transferable Lifetime Non-Prorated Limited Warranty For As Long As You Live In Your Home. Includes sections for Condensation, Color, Caulking, Glass Breakage, Moving Parts, Fiberglass Screens, and Bay or Bow Windows. Also includes HGI logo and contact information.

Second Homeowner Transfer Certificate

Property Transferred From: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Property Transferred To:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date & Year of transfer: _____ Warranty must be transferred within 60 days of property transfer.

Congratulations . . .

You have selected the most advanced replacement windows on the market today from Home Guard Industries, Inc. These windows have been designed to virtually seal out water and air, and provide excellent thermal protection for the life of your home. The material used in this window is UPVC, virtually eliminating conduction of cold or heat.

Never Paint Again . . .

Your replacement windows will never require painting. To clean, simply use soap and water. Other cleaners include turpentine or denatured alcohol. For stubborn stains you may use a common household cleaner.

Never Remove Screens . . .

Your screens are manufactured of the finest materials. Rain, snow or constant sunshine will not affect the frame or mesh. They will never need to be removed unless you desire.



HOME GUARD, DOORS & WINDOWS
PO Box 39
Grabill, IN 46741

Transfer of Warranty Certificate

When transferring warranty from original homeowner to second property owner, please complete the reverse side, enclose \$50 transfer fee and mail to:

Home Guard Industries, Inc.
PO Box 39
Grabill, IN 46741
ATTN: Window Warranty Dept.



HOME GUARD, DOORS & WINDOWS
PO Box 39
Grabill, IN 46741

**LIFETIME
LIMITED
WINDOW
WARRANTY**

**FOR AS LONG AS YOU
LIVE IN YOUR HOME**

INSTALLED BY:

(Dealers Name)

(City) (State) (Zip)

ISSUED TO:

(Property Owner)

(Property Address)

(City)

(State) (Zip)

Home Guard Industries, Inc.
PO Box 39
Grabill, IN 46741

ATTN: Window Warranty

**Registration Certificate
for Original Owner**

