



PLEASE FILL OUT AND RETURN THIS PORTION 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
- Quality Features
- Design/Appearance
- Prior Experience with the retailer
- Warranty/Service
- Other _____
- Price
- Ease of Operation

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

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

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

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

6. Marital Status

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

7. Occupation

- | | | | | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Homemaker | <input type="checkbox"/> | You | Spouse | <input type="checkbox"/> | You | Spouse | <input type="checkbox"/> |
| Professional / Technical | <input type="checkbox"/> | <input type="checkbox"/> | Clerical or Service Worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Executive / Administrator | <input type="checkbox"/> | <input type="checkbox"/> | Trades / Machine Operator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Management | <input type="checkbox"/> | <input type="checkbox"/> | Retired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales / Marketing | <input type="checkbox"/> | <input type="checkbox"/> | Student | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Self Employed / Business Owner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

FOLD AND TAPE

Original Homeowner Window 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. . . . _____

earthwise WINDOWS & DOORS OF INDIANA logo, Transferable Lifetime Non-Prorated Limited Warranty For As Long As You Live In Your Home, HOME GUARD INDUSTRIES, INC. text, CONDENSATION, COLOR, CAULKING, PROCEDURES, and other warranty details.

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. \$10 fee MUST BE INCLUDED.**



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)

Congratulations . . .

By choosing Earthwise Windows and Doors manufactured by Home Guard Industries, You have selected some of the most advanced replacement windows on the market today. These windows are designed to significantly 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.

NOTE: This does not apply to painted windows.

The worlds first and only flexible window screen. . .

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.

CLICK FOR THE WEBSITE

The image shows a QR code on the left and a screenshot of the FlexScreen website on the right. The website screenshot includes a navigation menu, a title 'Install and Remove FlexScreen', and several images showing the product being installed and used in a window.

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 Industries, Inc.
PO Box 39
Grabill, IN 46741

ATTN: Window Warranty

Registration Certificate for Original Owner

