



WARRANTY REGISTRATION INFORMATION

One Second Street
Kreamer, PA 17833

Date Cabinetry Received _____ **WOOD-MODE ORDER NO.** _____

Name _____

Address _____

City _____ State _____ Zip _____

Wood-Mode Cabinetry Purchased From: Wood-Mode Dealer Builder Remodeling Contractor
 Other _____

Who Was Responsible For Final Plans, Measurements, Specifications?

Wood-Mode Dealer Architect Interior Designer Remodeling Contractor Builder
 Owner-Unassisted Other _____

Type Of Installation: New Home Remodeled Commercial

Cabinetry Installed In Which Room(s): _____

Installed By: Dealer Remodeling Contractor Builder Self-installed Other _____

To help us to understand and serve our customers even better in the future, will you please take a few minutes to fill in the following information? Your personal comments will also be greatly appreciated.

Are You Satisfied With Your Wood-Mode Cabinetry? Yes Somewhat No

Are You Satisfied With Dealer Service? Yes Somewhat No

Are You Satisfied With Installation? Yes Somewhat No

How Did You First Hear About Wood-Mode? _____

Main Reason You Selected Wood-Mode? _____

Other Cabinet Brands You Considered? _____

If Remodeled, Approximate Age Of Cabinets Being Replaced: 1-5 years 5-10 years 10-15 years
 15-20 years Over 20 years Don't know

Why Are They Being Replaced? _____

Your Age: Under 30 30-40 41-50 51-60 Over 60 Retired? Yes No

Household Income: Under \$75,000 \$75 - 100,000 \$100 - 150,000 \$150 - 200,000 Over \$200,000

Home Value: Under \$250,000 \$250 - 500,000 \$500 - 750,000 \$750 - 1,000,000 Over \$1,000,000

Which Were Useful To You In Planning Your Project? Magazine Website Literature Other _____

Any Comments _____

REMOVE THE BOTTOM PORTION BY TEARING AT THE PERFORATION



Wood-Mode Order Number: _____

Please remove your warranty registration card.

Have your order number available when placing a service call with your Wood-Mode service representative.

Wood-Mode Dealer Information: _____

Registration Instructions:

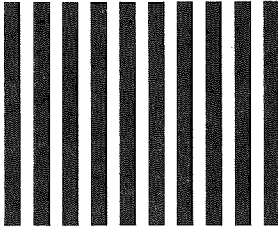
After removing the bottom portion at the perforations, fold in half using the marks on the other side of the form. Seal and mail, no postage is required.

Warranty Registration Card

Remove Card Before Mailing.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2 KREAMER PA

POSTAGE WILL BE PAID BY ADDRESSEE

WOOD-MODE
1 SECOND STREET
PO BOX 900
KREAMER PA 17833-9988



FOLD HERE

TAPE HERE