

CAC/BDP

IMPORTANT! IMPORTANT!

Please Fill Out And Return Within The Next 10 Days.

1. Mr. 2. Mrs. 3. Ms. 4. Miss

First Name Initial Last Name

Street Apt. No.

City State ZIP Code

6. Energy efficiency
7. Location of dealer
8. Dealer's installation policy
9. Friend's/relative's recommendation
10. Contractor's/dealer's recommendation
11. Other _____

A. Model Number: _____

B. Serial Number: _____

12. Date of birth of person whose name appears above: _____ | _____ | _____
Month Year

13. Excluding yourself, what is the SEX and AGE (in years) of children and other adults living in your household?

<input type="checkbox"/> No one else in household	Male Female Age
1. <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years _____ years
2. <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ years _____ years

14. Marital Status:

1. Married 3. Widowed
2. Divorced/Separated 4. Never Married (Single)

15. Occupation:

Homemaker	1. <input type="checkbox"/>	You	Spouse
Professional/Technical	2. <input type="checkbox"/>	Upper Management/Executive	3. <input type="checkbox"/>
Middle Management	4. <input type="checkbox"/>	Sales/Marketing	5. <input type="checkbox"/>
Clerical or Service Worker	6. <input type="checkbox"/>	Tradesman/Machine Oper./Laborer	7. <input type="checkbox"/>
Retired	8. <input type="checkbox"/>	Student	9. <input type="checkbox"/>
Self Employed/Business Owner	10. <input type="checkbox"/>		

16. Which group describes your annual family income?

1. <input type="checkbox"/> Under \$15,000	7. <input type="checkbox"/> \$40,000-\$44,999
2. <input type="checkbox"/> \$15,000-\$19,999	8. <input type="checkbox"/> \$45,000-\$49,999
3. <input type="checkbox"/> \$20,000-\$24,999	9. <input type="checkbox"/> \$50,000-\$59,999
4. <input type="checkbox"/> \$25,000-\$29,999	10. <input type="checkbox"/> \$60,000-\$74,999
5. <input type="checkbox"/> \$30,000-\$34,999	11. <input type="checkbox"/> \$75,000-\$99,999
6. <input type="checkbox"/> \$35,000-\$39,999	12. <input type="checkbox"/> \$100,000 & over

17. Education: (please check those which apply)

Some High School or Less	1. <input type="checkbox"/>	You	Spouse
Completed High School	2. <input type="checkbox"/>	Vocational/Technical School	3. <input type="checkbox"/>
Some College	4. <input type="checkbox"/>	Completed College	5. <input type="checkbox"/>
Some Graduate School	6. <input type="checkbox"/>	Completed Graduate School	7. <input type="checkbox"/>

18. Which credit cards do you use regularly?

1. <input type="checkbox"/> American Express, Diners Club
2. <input type="checkbox"/> MasterCard, Visa, Discover
3. <input type="checkbox"/> Department Store, Oil Company, etc.
4. <input type="checkbox"/> Do not use credit cards

19. For your primary residence, do you:

1. <input type="checkbox"/> Own a House?
2. <input type="checkbox"/> Own a Townhouse or Condominium?
3. <input type="checkbox"/> Rent a House?
4. <input type="checkbox"/> Rent an Apartment, Townhouse or Condominium?

2. Date of Installation: _____ | _____ | _____
Month Day Year

3. Important! For proper registration, please fill in the model number, and serial number of this product:

A. Model Number: _____

B. Serial Number: _____

4. What type of product is this?

1. <input type="checkbox"/> Central Air Conditioner	6. <input type="checkbox"/> Heat Recovery Ventilator
2. <input type="checkbox"/> Gas Furnace	7. <input type="checkbox"/> Thermostat
3. <input type="checkbox"/> Oil Furnace	8. <input type="checkbox"/> Zoning
4. <input type="checkbox"/> Electric Furnace	9. <input type="checkbox"/> Humidifier
5. <input type="checkbox"/> Heat Pump	10. <input type="checkbox"/> Electronic Air Cleaner

5. A. Price paid for this product (excluding installation charges and sales tax): \$ _____ .00

B. Price paid for installation: \$ _____ .00

6. Name of company that sold you this product: _____

7. What brand is this product?

1. <input type="checkbox"/> Bryant	2. <input type="checkbox"/> Day & Night	3. <input type="checkbox"/> Payne
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8. When did you acquire your product?

1. <input type="checkbox"/> Upon purchase of a new dwelling.
2. <input type="checkbox"/> To replace an older system of the same brand.
3. <input type="checkbox"/> To replace an older system of another brand.
4. <input type="checkbox"/> Within a year after purchasing a dwelling with no central air.
5. <input type="checkbox"/> 2-4 years after buying a dwelling with no central air system.
6. <input type="checkbox"/> Over 4 years after buying a dwelling with no central air system.

9. If you replaced an older system, approximately how old was that system?

1. <input type="checkbox"/> Don't know	6. <input type="checkbox"/> 15-17 years
2. <input type="checkbox"/> 1-5 years	7. <input type="checkbox"/> 18-20 years
3. <input type="checkbox"/> 6-8 years	8. <input type="checkbox"/> 21-24 years
4. <input type="checkbox"/> 9-11 years	9. <input type="checkbox"/> Over 24 years
5. <input type="checkbox"/> 12-14 years	

10. If this is a replacement, what brand did you previously own?

1. <input type="checkbox"/> Amana	6. <input type="checkbox"/> Janitrol	11. <input type="checkbox"/> Synder
2. <input type="checkbox"/> Bryant	7. <input type="checkbox"/> Lennox	12. <input type="checkbox"/> Tempstar
3. <input type="checkbox"/> Carrier	8. <input type="checkbox"/> Payne	13. <input type="checkbox"/> Trane
4. <input type="checkbox"/> Day & Night	9. <input type="checkbox"/> Rheem	14. <input type="checkbox"/> York
5. <input type="checkbox"/> Hall	10. <input type="checkbox"/> Ruud	15. <input type="checkbox"/> Other _____

11. What factors most influenced your selection of this product? (Check a maximum of two.)

1. <input type="checkbox"/> Brand reputation
2. <input type="checkbox"/> Dealer reputation
3. <input type="checkbox"/> Previous experience with products of this brand
4. <input type="checkbox"/> Previous experience with this dealer
5. <input type="checkbox"/> Price

CAC/BDP

FOR SERVICE OR REPAIR, FOLLOW THESE STEPS IN ORDER:

- FIRST:** Contact the installer. You may find his name on the product or in your Homeowner's Packet. If his name is not known, call your builder if yours is a new residence.
- SECOND:** Contact the nearest distributor. (See telephone yellow pages.)
- THIRD:** Contact:
CAC/BDP
Consumer Relations Department
P.O. Box 4952
Syracuse, New York 13221
Phone: 1-800-428-4326

Unit Model No. _____

Date of Installation _____

Name of Owner _____

Unit Serial No. _____

Installed by _____

Address of Installation _____

