

Bryant, Day & Night, Payne Brands

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 _____

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

Month _____ Day _____ Year _____

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

1. <input type="checkbox"/> No one else in household	Male	Female	Age
1. <input type="checkbox"/> 0-2 years	_____	_____	_____
2. <input type="checkbox"/> 3-5 years	_____	_____	_____
3. <input type="checkbox"/> 6-10 years	_____	_____	_____
4. <input type="checkbox"/> 11-17 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"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>
Upper Management/Executive	3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>
Middle Management	4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>
Sales/Marketing	5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>
Clerical or Service Worker	6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>
Tradesman/Machine Oper./Laborer	7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>
Retired	8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>
Student	9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>
Self Employed/Business Owner	10. <input type="checkbox"/>	10. <input type="checkbox"/>	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"/>	Spouse
Completed High School	2. <input type="checkbox"/>	You
Vocational/Technical School	3. <input type="checkbox"/>	1. <input type="checkbox"/>
Some College	4. <input type="checkbox"/>	2. <input type="checkbox"/>
Completed College	5. <input type="checkbox"/>	3. <input type="checkbox"/>
Some Graduate School	6. <input type="checkbox"/>	4. <input type="checkbox"/>
Completed Graduate School	7. <input type="checkbox"/>	5. <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
2. <input type="checkbox"/> Gas Furnace
3. <input type="checkbox"/> Oil Furnace
4. <input type="checkbox"/> Electric Furnace
5. <input type="checkbox"/> Heat Pump

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"/> Snyder
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"/> Triane
4. <input type="checkbox"/> Day & Night	9. <input type="checkbox"/> Rheem	14. <input type="checkbox"/> York
5. <input type="checkbox"/> Hill	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

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FOR SERVICE OR REPAIR, FOLLOW THESE STEPS IN ORDER:

- FIRST:** Contact the installer. You may find his name on the product or in your User's Manual. 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:
 BDP Co.
 Consumer Relations
 P.O. Box 4952
 Syracuse, New York 13221
 Phone: 1-800-428-4326 (TOLL FREE)

Model No. _____ Unit Serial No. _____

Date of Installation _____ Installed by _____

Name of Owner _____ Address of Installation _____

Carrier Corporation

INDOOR GAS-FIRED FURNACE LIMITED WARRANTY

LIMITED ONE-YEAR WARRANTY—This CARRIER CORPORATION (herein after referred to as "COMPANY") product is warranted to be free from defects in material and workmanship under normal use and maintenance for a period of one year from the date of original installation, whether or not actual use begins on that date. A new or remanufactured part, at the COMPANY'S sole option, to replace any defective part will be provided without charge for the part itself; PROVIDED the defective part is returned to our distributor through a qualified servicing dealer. **This warranty applies only to the product in its original installation location and is voided if product is reinstalled elsewhere.**

THIS WARRANTY DOES NOT INCLUDE LABOR OR OTHER COSTS incurred for diagnosing, repairing, removing, installing, shipping, servicing or handling of either defective parts or replacement parts. Such costs may be covered by a separate warranty or service agreement provided by the installer which is separate and distinct from this factory warranty.

EXTENDED 9-YEAR LIMITED WARRANTY ON GAS-FIRED FURNACE HEAT EXCHANGER ONLY—During the second through tenth years after the date of original installation, the COMPANY further warrants the heat exchanger against defects in material or workmanship, under normal use and maintenance.

LIMITATIONS OF WARRANTIES—ALL IMPLIED WARRANTIES (INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE HEREBY LIMITED IN DURATION TO THE PERIOD FOR WHICH THE LIMITED WARRANTY IS GIVEN AND APPLIES. SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE ABOVE LIMITATIONS MAY NOT APPLY TO YOU. THE EXPRESS WARRANTIES MADE IN THIS WARRANTY ARE EXCLUSIVE AND MAY NOT BE ALTERED, ENLARGED, OR CHANGED BY ANY DISTRIBUTOR, DEALER OR OTHER PERSON WHATSOEVER.

ALL WORK UNDER THE TERMS OF THIS WARRANTY SHALL BE PERFORMED DURING NORMAL WORKING HOURS. ALL REPLACEMENT PARTS, WHETHER NEW OR REMANUFACTURED, ASSUME AS THEIR WARRANTY PERIOD ONLY THE REMAINING TIME PERIOD OF THIS WARRANTY.

THE COMPANY WILL NOT BE RESPONSIBLE FOR:

1. Normal maintenance as outlined in the installation and servicing instructions or owners manual including filter cleaning and/or replacement and lubrication.
2. Damage or repairs required as a consequence of faulty installation or application by others, abuse, improper servicing, unauthorized alteration or improper operation.
3. Failure to start due to voltage conditions, blown fuses, open circuit breakers or other damages due to the inadequacy or interruption of electrical service.
4. Damage or repairs needed as a consequence of any misapplication, abuse, improper servicing, unauthorized alteration, or improper operation.
5. Damage as a result of floods, winds, fires, lightning, accidents, corrosive environments or other conditions beyond the control of the COMPANY.
6. Costs for replacement parts or repair services which are not supplied or designated by the COMPANY and which are specifically covered under this Warranty.
7. COMPANY products installed outside the continental U.S.A., Alaska, Hawaii, and Canada.
8. Electricity or fuel costs or increases in electricity or fuel costs from any reason whatsoever including additional or unusual use of supplemental electric heat.
9. ANY SPECIAL INDIRECT OR CONSEQUENTIAL PROPERTY OR COMMERCIAL DAMAGE OF ANY NATURE WHATSOEVER. Some states do not allow the exclusion of incidental or consequential damages, so the above limitation may not apply to you.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

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40 To help us understand our customers' lifestyles, please indicate the interests and activities in which you or your spouse enjoy participating on a regular basis:

- | | |
|---|--|
| <ul style="list-style-type: none"> 01. <input type="checkbox"/> Bicycling Frequently 02. <input type="checkbox"/> Golf 03. <input type="checkbox"/> Physical Fitness/Exercise 04. <input type="checkbox"/> Running/Jogging 05. <input type="checkbox"/> Snow Skiing Frequently 06. <input type="checkbox"/> Tennis Frequently 07. <input type="checkbox"/> Camping/Hiking 08. <input type="checkbox"/> Fishing Frequently 09. <input type="checkbox"/> Hunting/Shooting 10. <input type="checkbox"/> Power Boating 11. <input type="checkbox"/> Sailing 12. <input type="checkbox"/> House Plants 13. <input type="checkbox"/> Grandchildren 14. <input type="checkbox"/> Needlework/Knitting 15. <input type="checkbox"/> Vegetable Gardening 16. <input type="checkbox"/> Flower Gardening 17. <input type="checkbox"/> Sewing | <ul style="list-style-type: none"> 18. <input type="checkbox"/> Crafts 19. <input type="checkbox"/> Automotive Work 20. <input type="checkbox"/> Electronics 21. <input type="checkbox"/> Home Workshop/Do It Yourself 22. <input type="checkbox"/> Recreational Vehicles 23. <input type="checkbox"/> Stereo, Records/Tapes/CDs 24. <input type="checkbox"/> Buy Pre-Recorded Videos 25. <input type="checkbox"/> Avid Book Reading 26. <input type="checkbox"/> Bible/Devotional Reading 27. <input type="checkbox"/> Health/Natural Foods 28. <input type="checkbox"/> Photography 29. <input type="checkbox"/> Home Furnishing/Decorating 30. <input type="checkbox"/> Attending Cultural/Arts Events 31. <input type="checkbox"/> Fashion Clothing 32. <input type="checkbox"/> Fine Art/Antiques 33. <input type="checkbox"/> Foreign Travel 34. <input type="checkbox"/> Travel in the USA |
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41 Using the numbers in the above list, please indicate the 3 most important activities for:

You	Spouse	You	Spouse
1. <input type="checkbox"/> Regularly Purchase Items Through the Mail	4. <input type="checkbox"/> Support Health Charities	8. <input type="checkbox"/> Have a VCR	9. <input type="checkbox"/> Use a Personal Computer
2. <input type="checkbox"/> Military Veteran in Household	5. <input type="checkbox"/> Subscribe to Cable TV	10. <input type="checkbox"/> Have a Dog	11. <input type="checkbox"/> Have a Cat
3. <input type="checkbox"/> Member of Frequent Flyer Program	6. <input type="checkbox"/> Have a Microwave Oven		

Thanks for taking the time to fill out this questionnaire. Your answers will be used for market research studies and reports — and will help us better serve you in the future. They will also allow you to receive important mailings and special offers from a number of fine companies whose products and services relate directly to the specific interests, hobbies, and other information indicated above. Through this selective program, you will be able to obtain more information about activities in which you are involved and less about those in which you are not. Please check here if, for some reason, you would prefer not to participate in this opportunity.

If you have comments or suggestions about our product please write to:
BDP Brands
Consumer Relations Department
P.O. Box 4952
Syracuse, NY 13221
or call 1-800-428-4326

Please send products and other correspondence to:

<p>BDP Brands Consumer Relations Department P.O. Box 4952 Syracuse, NY 13221</p>	<p style="text-align: center;">BDP BRANDS P.O. BOX 173246 DENVER, CO 80217-3246</p>
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