



Product Registration Form

Please complete and return this registration form

Please mail this Product Registration form within 30 days of installation to:

Silver Line
Attn: Product Registration Department
P.O. Box 6029
North Brunswick, NJ 08902-6029

1) Title: Mr. Mrs. Ms

2) Name: First Initial Last

3) Address:
Street Apartment no.
City State Zip code -

4) Home phone - - 5) Date of birth /

6) Marital status
 Single Married

7) Annual household income <\$15,000 \$15,000 - \$29,999
 \$30,000 - \$49,999 \$50,000 - \$74,999
 \$75,000 - \$100,000 >\$100,000

8) Do you own or rent your primary residence? Own Rent

9) How long have you resided in your home? years

10) What is the age of your home? <1-10 yrs 11-20 yrs 21-30 yrs
 31-50 yrs 51-75 yrs >75 yrs

11) These windows/doors were installed in your: Primary Residence Second Home
 Investment Property

12) These windows/doors were purchased by: Homeowner Builder/Contractor

13) These windows/doors were used for: New Construction Addition Replacement

14) Who installed the windows/doors? Installed Them Myself Hired a Contractor

15) Order number:

16) Number of windows/doors purchased:

17) Model number(s):

18) Installation date: / /

- 19) What factors most influenced your purchasing decision? Please choose three (3):
- Energy Efficiency Advertising Product Features Warranty
 - Brand Reputation Price Style/Appearance Other _____
 - Store Display Availability Product Performance