



Golden Eagle Stoves
P.O. Box 5204
Arlington, TX 76011

www.goldeneaglestoves.com

WARRANTY REGISTRATION FORM

In order for the warranty on your stove to be valid you must properly register your stove within 10 days of purchase by completing this form **and sending a COPY of your purchase invoice** to the address on the reverse side of this form. We greatly appreciate your business, and we would also like to thank you in advance for answering the questions below.

PURCHASED BY: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

DEALER: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

**** MODEL & SERIAL NUMBER MUST BOTH BE COMPLETED ****

MODEL:	<input type="checkbox"/> Jackson – Insert	<input type="checkbox"/> Lincoln Multi-Fuel	<input type="checkbox"/> Yellowstone	SERIAL #: _____ The serial number can be found on the bottom of the hopper lid.
	<input type="checkbox"/> Jackson – Legs	<input type="checkbox"/> Monroe	<input type="checkbox"/> Washington - Insert	
	<input type="checkbox"/> Jackson – Pedestal	<input type="checkbox"/> Talon	<input type="checkbox"/> Washington - Freestanding	

DATE PURCHASED: _____ DATE INSTALLED: _____

HOW DO YOU CURRENTLY HEAT YOUR HOME

Electric Heating Oil Natural Gas Propane Wood

WHERE DID YOU LEARN OF GOLDEN EAGLE STOVES

Internet Magazine Radio TV Home show
 Store Salesperson Friends or Relatives Other - _____

WHAT WERE YOUR TWO OR THREE MOST IMPORTANT REASONS FOR CHOOSING A GOLDEN EAGLE STOVE

Operating Convenience Appearance Efficient Performance Made in USA
 Salesperson Heating Bill Savings Price of Stove

PLEASE RATE YOUR DEALER ON THE FOLLOWING

Product Knowledge	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
General Attitude	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Overall Service	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

IN WHICH AREA DO YOU LIVE

Rural (Country or Small Town) Suburban (Surrounding Large or Mid-Size City) Urban (Within City Limits)

WHAT IS YOUR OCCUPATION (IF RETIRED, FORMER OCCUPATION)

Professional/Technical/Executive Clerical/Tradesman/Laborer
 Administrative/Middle Management Other - _____

PLEASE TELL US HOW WE CAN SERVE YOU EVEN BETTER

We truly appreciate your business.
Thank You.



Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

PLACE
STAMP
HERE

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