

# Guarantee Registration Form

**Win a Free Snugfit Product by returning this card & entering our monthly draw.**

PLACE  
POSTAGE  
STAMP  
HERE

NAME:.....

ADDRESS:.....

..... POSTCODE:.....

TEL:..... FAX: .....

EMAIL:.....

***The following information is important for your guarantee. Please ensure it is completed.***

Product Purchased: Stainsafe  Premium  Wetsafe

1. Mattress Size:.....

2. Intended use for mattress protector. Please

Home  Hotel/Motel/Guest House   
Adult's Bed  Allergy and Dust mite protection   
Child's Bed  Incontinent Use/Bedwetting

3. Purchased from.....

Dealer's Address .....

***The following information is useful but not essential.***

4. How did you find out about Snugfit?

In Store  TV  Word of mouth  
 Radio  Mail/Advert  Magazine Advert  
 Doctor's recommendation

Other .....

Number of Adult's in home..... Children: .....

User's age  0-5  6-12  13-21  22-55  56+

Have you purchased a Snugfit product before?  Yes  No

Additional comments:.....

***Thank you for filling out this form.***

**SNUGFIT AUSTRALIA PTY LTD.**

**P.O. Box 51**

**Glenhuntly**

**Vic**

**3163**