[DATE]

Contact Name

Address

Address2

Country

City/Province

Postal Code

**RE: RECORD OF PURCHASE FORM**

Dear [CLIENT NAME],

Our warranty for our product is as reliant and strong as we can make it.

So we can continue to support you please complete and return this record of purchase so that we will be able to help you with any questions or problems for the use of our product.

So we can continue to improve our products and service to you, we ask that you answer as many queries as possible.

Thank you,

[NAME]

[TITLE]

[CONTACT DETAILS]

[COMPANY EMAIL]

---------------------------------------------------------------------------------------------------------------Please Detach Here

**IMPORTANT: RECORD OF PURCHASE**

Name Date Purchased

Address

City Province Postal code

1. Purchaser Man Woman Teenager

2. Age of users

3. Name of store where purchased

4. Purchased for Gift Personal Use

5. Price paid [CURRENCY]

6. Does the product meet your expectations? \_\_\_\_ Yes \_\_\_\_ No

6. Would you recommend this product to others?

7. Comments: