Fill ir	Fill in the information below to validate the warranty for your Solar Light Whiz					
Nam	e:					
Addı	ess of installation:					
Phor	ne number:					
E-ma	iil:					
Com	pany/Business product was	s purc	hased from:			
Insta	iller (could be same as abov	ve):				
Insta	llation date:					
Prod	ucts installed (inc. Accesso	ries):				
Whe	re are these installed:					
	Living Room		Walk-in Robe		Bathroom/Ensuite	
	Bedroom		Corridor		Toilet	
	Outdoors (Porch/Veranda) 🗆	Laundry		Pantry	
	Garage/Shed					
	Other [Please Specify]					

 	 	 	 	 	 	 _	 -	_	_	 	_	_
 	 	 	 	 	 	 -	 	_	-	 	_	_

Extend the warranty of your Solar Light Whiz by and additional 6 months simply by answering these 4 questions! ©

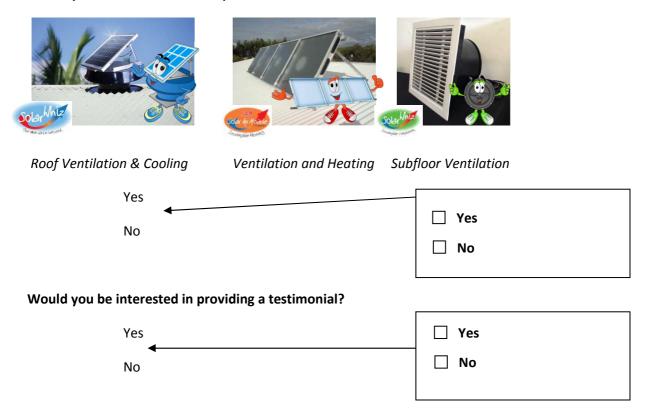
Where did	vou find	out about	Solar	Light Whiz?
-----------	----------	-----------	-------	-------------

Print Advertising
[Please Specify]
Word of Mouth
[Please Specify]
Websearch
[Words searched]
Trade Show
[Please Specify]
Shop Front
[Which shop]
Other
[Please Specify]

Please select the most accurate reason(s) for your purchasing Solar Light Whiz? (More than one can be selected)

☐ Good Customer Service
Quality of Product
☐ Price
☐ First Contact
☐ Accessibility (a close retailer/dealer)
☐ Brightness/Light Output (<i>Lumens</i>)
Light Colour (<i>Kelvins</i>)
☐ Other
[Please Specify]

Would you consider other solar products from Global Eco Solutions?



At [product name] we are always striving to improve our product and service quality.

Please feel free to leave any further additional comments you feel would help in this regard.

[Please Specify]

[Please Specify]