

Record of Purchase

Consult your dealer for the following information:

| | |
|--|-------|
| Quantity | _____ |
| Date of Purchase | _____ |
| Carpet Retail Store | _____ |
| Phone Number | _____ |
| Salesperson | _____ |
| Carpet Manufacturer/Brand Name | _____ |
| Private Label Company | _____ |
| Phone Number | _____ |
| Product/Style Name | _____ |
| Color | _____ |
| Type of Fiber/Brand | _____ |
| Fiber Producer | _____ |
| Phone Number | _____ |
| CRI Testing Label, Product Type# | _____ |
| Installer | _____ |
| Company | _____ |
| Date of Installation | _____ |
| Phone Number | _____ |
| Warranties | _____ |
| Cleaning Recommendations from Manufacturer | _____ |
| Carpet Cleaning Company | _____ |
| Cushion Type/Producer | _____ |