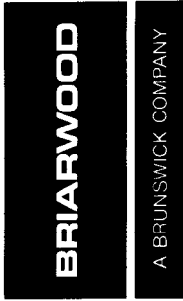


**IMPORTANT INFORMATION**

PLACE  
STAMP  
HERE



**BRUNSWICK CORPORATION  
BRIARWOOD DIVISION  
325 Brunswick Lane  
MARION, VIRGINIA 24354**

ATTN: SERVICE DEPARTMENT



Brunswick Corporation World Headquarters — One Brunswick Plaza — Skokie, Illinois 60076 — U.S.A.

55-900228-000

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ORDER FORM

**: IMPORTANT :**  
**Do Not Discard**

ORDER FORM

USE THIS ORDER FORM TO OBTAIN SERVICE PARTS AFTER EXPIRATION OF WARRANTY.

HOW TO ORDER:

1. COPY THE MODEL NUMBER AND SERIAL NUMBER FROM THE IDENTIFICATION PLATE LOCATED ON REAR PANEL OF LOWER CABINET.
2. LIST SERVICE PARTS NEEDED. REFER TO SERVICE PARTS LIST FOR PRICE AND PROPER IDENTIFICATION OF SERVICE PART.
3. FILL THE RETURN ADDRESS SECTION AT LOWER RIGHT HAND CORNER.
4. DETACH BOTTOM HALF OF THIS ORDER FORM AND PLACE INSIDE THE PRE-ADDRESSED ENVELOPE ALONG WITH CHECK OR MONEY ORDER. PAYABLE TO "BRIARWOOD".

MODEL NO.

HOME PINBALL

SERIAL NO.

**RETURN ADDRESS:**

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

| PART NO.                               | PART DESCRIPTION | QTY. | TOTAL PRICE |
|--|------------------|------|-------------|
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
|  |                  |      |             |
| SUB TOTAL                              |                  |      |             |
| Plus \$1.25 to cover handling expenses |                  |      | \$1.25      |
| TOTAL                                  |                  |      |             |

ENCLOSED IS MY CHECK

MONEY ORDER

FOR \$ \_\_\_\_\_

# IMPORTANT! RECORD OF PURCHASE

OWNERS REGISTRATION CARD

MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

PINBALL NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_  
(STREET OR BOX NO.)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_  
AREA CODE \_\_\_\_\_ NUMBERS \_\_\_\_\_

DATE OF PURCHASE: \_\_\_\_\_

GAME PURCHASED FROM: (NAME) \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_

## IMPORTANT

REGISTER YOUR WARRANTY BY COM-  
PLETING AND RETURNING THIS OWNERS  
REGISTRATION FORM, ALONG WITH PROOF  
OF PURCHASE WITHIN TEN (10) DAYS  
FOLLOWING PURCHASE. PROOF OF PUR-  
CHASE CAN BE A COPY OF THE BILL OF  
SALE, CASH REGISTER RECEIPT, ETC.  
FAILURE TO REGISTER YOUR PURCHASE  
VOIDS YOUR WARRANTY.

REFER TO YOUR WARRANTY IN THE  
OWNERS MANUAL. PLEASE TYPE OR  
PRINT CLEARLY.

FOLD ALONG DOTTED LINE

The 10 Questions Listed Below Are Voluntary

- DATE OF PURCHASE: \_\_\_\_\_ PINBALL NAME: \_\_\_\_\_
- Where did you purchase your product? 1  Billiard Specialty Store 2  Sporting Goods Store 3  Furn. Store (09)  
4  Brunswick Leisure Mart 5  Toy Store 6  Department Store 7  Discount Store (10)  
8  Mail-order Catalog 9  Catalog Showroom  Other Outlet (Specify) \_\_\_\_\_
  - What were some of the reasons for selecting the product you acquired? (Check all that apply.)  
1  Friend/Relative Recommended 2  Solid, Sturdy design 3  Styling didn't clash with other furniture (11)  
4  Saw it advertised 5  Received as a gift 6  Salesman recommended X  Styling was attractive (12)  
R  Brand Reputation 1  Prior experience with brand 2  Quality 3  Price  
4  Other reasons (Specify) \_\_\_\_\_
  - In what part of your home have you placed your product? 1  Basement Recreation Room/TV Room/Den (13)  
2  Recreation Room/TV Room/Den NOT located in a basement 3  Other (Specify) \_\_\_\_\_ (14)  
4  Including yourself, how many people reside in your household \_\_\_\_\_ people..
  - What ages are your children that are living at home? Under 6 yrs. 1  Boys 2  Girls From 6-12 3  Boys (15)  
4  Girls From 13-17 yrs. 5  Boys 6  Girls 18 yrs. or older 7  Boys 8  Girls 9  No Children (16)  
6  65 and over
  - What is age of head of household? 1  Under 25 2  25-34 3  35-44 4  45-54 5  55-64 (17)
  - What is occupation of head of household? 1  Craftsman/tradesman 2  Machine/vehicle operator  
3  Service occupation (Bartender, Maid, etc.) 4  Management 5  Sales Work 6  Office/clerical work  
7  Professional occupation 8  Self employed 9  Homemaker/student 0  Other (Specify) \_\_\_\_\_ (18)
  - If this household is headed by a married couple, does wife work? 1  Full time 2  Part time 3  No (19)  
4  Not Married
  - Did you experience any problems with delivery, installation or performance of your new Briarwood product? (20)  
1  No 2  Yes (Please Specify) \_\_\_\_\_ (21/25)
  - Aside from your new home recreation product, do you own any of these other products? (Check all that apply)  
1  Folding bridge table 3  Poker table 4  Table tennis table 5  Table tennis top (for use on another table)  
6  Pinball machine 7  Shuffleboard table 8  Air hockey table 9  Billiard table 10  Juke box (26)  
11  Video game  Other (Specify here) \_\_\_\_\_ (27)