SAVOIR

Warranty Registration

Bed number:			Deliv	ery date:							
To register your new Savoir Bed please	complete and	return thi	s form								
Name:				Home Telephone:							
Email:				Mobile:							
Address:											
We are always keen to improve our ser- recent experience with Savoir Beds	vice and value	your opini	on. Plea	ase would	d you take	e a mome	ent to let	us knov	v about yo	our	
THANK YOU											
_	SHOWR	OOM 8	WEI	BSITE	VISIT						
Which showroom/s did you visit? Where did you buy your bed? Please rate us by circling the number v	Wigmore Street Harrods Harrods Wigmore Street Harrods which best describes your experience from 1 being poor t						Chelsea Harbour Chelsea Harbour on 10 outstanding:				
, ,	POOR AVERAG				E GREAT OUTSTANDING						
Was the showroom welcoming?	1	2	3	4	5	6	7	8	9	10	
Were our staff:											
Knowledgeable?	1	2	3	4	5	6	7	8	9	10	
Helpful?	1	2	3	4	5	6	7	8	9	10	
Friendly?	1	2	3	4	5	6	7	8	9	10	
Did you visit our website?	YES	□ NO									
		DEL	IVER	Y							
Were the team helpful?	YES	□ NO									
Was delivery on time?	YES	□ NO									
Would you recommend us?	YES	□ NO									
Finally, is there anything you feel we co	ould do better o	or do you	have an	y comme	nts?						