Warranty Registration

Bed number:			Deliv	ery date:							
To register your new Savoir Bed please	complete and	return thi	s form								
Name:	Home Telepho				ne:						
Email:			Mobi	le:							
Address:											
We are always keen to improve our servecent experience with Savoir Beds	vice and value y	our opini	ion. Plea	ase would	you take	e a mome	ent to let	us knov	v about y	our	
THANK YOU											
SHOWROOM & WEBSITE VISIT											
Which showroom/s did you visit?	Berkeley Square					Harrods Chelsea Harbour					
Where did you buy your bed?	Berkeley Square					Harrods Chelsea Harbour					
Please rate us by circling the number v	vhich best desc	ribes you	ır exper	ience fron	n 1 being	poor to	10 outst	anding:			
	POOR AVERAG				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									
DELIVERY											
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	r do you	have an	y commer	nts?						