

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

PRODUCT NAME _____ PURCHASE DATE _____

PURCHASED FROM _____

ADDRESS _____

COMPUTER BRAND _____ DATE PURCHASED _____

MEMORY SIZE _____ K NO. OF DISK DRIVES _____

SOFTWARE I'D LIKE TO SEE IN THE FUTURE: _____

COMMENTS ABOUT PROGRAM: _____



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NECESSARY
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