

Star Graphics Corp
Consumer Information Card

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Birth Date _____ Male/Female
Name of game? _____
Was this game a gift? ____ Yes ____ No
Where was the game purchased? _____
How did you learn about this game ? _____
What did you like/dislike about the game? _____

What other kinds of games do you like to play? _____

What kinds of game machines are in the household? _____

Please Fill out and send to:

Star Graphics Corp
1630-D Beaver Creek Rd
Oregon City OR 97045

For technical problems please call (503) 557-1428
FAX: 557-1607