

*To Our Customer...*

Thank you for trying *Top Draw*™. We would like to know what you think about *Top Draw* so we can make future versions even better. What features should be kept the same? What should be changed or added? Please complete this form and mail a printed copy to: Top Software, P.O. Box 1141, Conifer, CO 80433.

1. Overall Rating:   ☐ excellent   ☐ good   ☐ fair   ☐ poor

2. I use *Top Draw* for:

3. Features I like the best are:

4. Features I think should be changed are:

5. New features I would like to see are:

6. Are you a registered user? Why or why not?

7. General comments:

Other potential buyers would like to know what you think. May we quote you in our future advertising?

☐ yes   ☐ no      *If "yes" checked, please sign below:*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_