

**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