CONGRATULATIONS! You just became

the proud owner of a KitchenAid® appliance!

GUARANTEE

Please keep this page together with your

receipt for your warranty claim.

The "warranty period" is clearly mentioned

in the use and care guide.

CUSTOMER SERVICE

All service should be handled locally by an Authorized KitchenAid Service Center.

In Australia and New Zealand:

Peter McInnes Pty, Ltd. 55 Broadmeadow Road NSW 2292 Broadmeadow

Australia

AU: 1 800 990 990 NZ: 0 800 881 200

For additional care instruction and information:

www.petermcinnes.com.au

Model Number Serial Number Date of Purchase



FOR THE WAY IT'S MADE.™

KitchenAid® COUNTERTOP COLLECTION





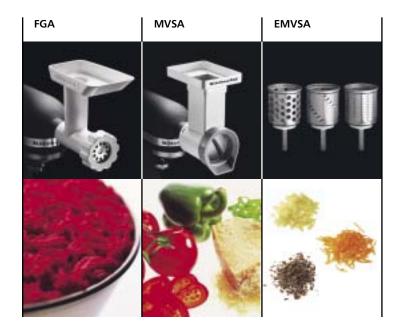


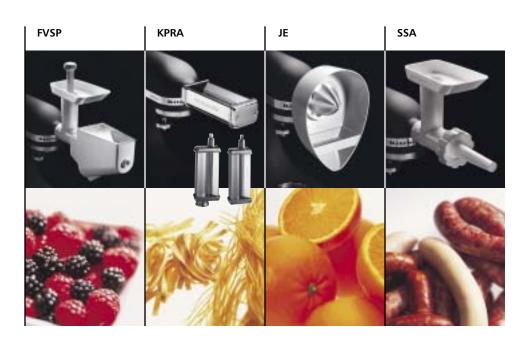
5KCG100 5KES100 5KTT890



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WARRANTY CARD QUESTIONNAIRE:	
PLEASE PUT YOU'RE NAME IN CAPITAL LETTI	ERS!
First Name	☐ Mr. ☐ Mrs. ☐ Miss
Address	
City	State Postcode
Country	ea Code + Telephone Number
E-mail Address	
Product you purchased and model number	
Serial Number	Date of Purchase
This is your KitchenAid guarantee card. For KitchenAid in Australia/New Zealand, please send this completed card to the following address: Peter McInnes Pty, Ltd. 55 Broadmeadow Road NSW 2292 Broadmeadow	C. What factors most influenced your decision to purchase this product? Received as a gift Prior use of KitchenAid® products Special product features Friend/relatives recommendation KitchenAid reputation Style/appearance Quality/durability Other
AUSTRALIA	D. Marital Status ☐ Married/Defacto ☐ Single/Separated
It is not compulsory to answer the following questions as they are not part of the warranty process, however, your cooperation is greatly appreciated. A. Which of the following best describes	E. What is the age of the person who will most frequently use this product? ☐ 17-25 ☐ 26-35 ☐ 36-45
this purchase? (Please tick one only) Received as a gift Addition to current kitchen appliances Replaces product of the same type Other	 □ 46+ D. Would you like to receive information on KitchenAid® products? □ Yes □ No
B. How did you first become aware of this product? (Please tick one only) Received as a gift KitchenAid reputation Television Salesperson recommendation Magazine advertisement/article Prior use of KitchenAid® products Friend/relatives recommendation Other	☐ Thank you for taking the time to fill out this questionnaire. By completing this questionnaire, you will help us learn about the changing needs of our customers and will help us contact you, if necessary, about your purchase, or send you information about new products as they become available. If you're not interested in being kept informed and if you do not want us to keep your data in our files, please tick accordingly.





OPTIONAL STAND MIXER ATTACHMENTS



