



IMPORTANT! Please fill out and mail this PaperStone® Warranty Card immediately. Your 10-Year Limited Manufactured Panel Warranty is only valid upon submission of completed card. THIS WARRANTY COVERS MANUFACTURING DEFECTS ONLY.

Last name (N) _____ First name (N) _____ Middle initial (I) _____

Address _____ APT # _____

City _____ State _____ ZIP _____ Email address (A) _____

PaperStone® color (C) _____ PaperStone® panel D.P. number(\$I) _____

PaperStone® color (For more than two panels, please provide additional panel information on a separate sheet.) _____ PaperStone® panel D.P. number(\$I) _____

Name of PaperStone® Reseller _____ Date of PaperStone® Installation _____

Reseller Address _____

Reseller city (C) _____ State _____ ZIP _____ Email address (A) _____

Please rank the following PaperStone® attributes that affected your purchase decision on a scale of 1 to 5 (1 being not very important, 5 being extremely important).

QUALITY	1	2	3	4	5
PRICE	1	2	3	4	5
BRAND	1	2	3	4	5
APPEARANCE	1	2	3	4	5
SAFE (no VOCs)	1	2	3	4	5
EARTH-FRIENDLY	1	2	3	4	5
OTHER _____ (specify)	1	2	3	4	5



If this is a remodel project, what type of countertop are you replacing? _____

How did you first hear about PaperStone®? _____

Thank you for purchasing PaperStone®.
PLEASE KEEP A COPY OF THIS WARRANTY FOR YOUR RECORDS.



LITTLE GREEN, LLC
WARRANTY DEPARTMENT
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