


Important! Please fill out this card and return within 10 days.

Primary User or parent's name (if primary user is under 12 years old)

1 First Name: _____ Init: Last Name: _____
 Address: (Number and Street) _____ Apt #: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____
 2 Phone #: _____
 3 E-mail Address: _____
(If you voluntarily provide us with your e-mail address, you give us permission to share and use your e-mail address to send you e-mail offers that may interest you.)
 4 UPC #: _____  (last six (6) digits of UPC bar code on product carton)
 5 Product Name: _____
 6 Date of Purchase: _____ 7 Name of store/website where purchased: _____
Month Day Year

PRIMARY USER INFORMATION (Questions 8 through 15)

8 Primary user's name (if different than above)
 First Name: _____
 Last Name: _____
 9 Date of birth: _____
Month Day Year
 10 Who selected and purchased the product?

	Selected	Purchased
1. Self	<input type="checkbox"/>	<input type="checkbox"/>
2. Mom	<input type="checkbox"/>	<input type="checkbox"/>
3. Dad	<input type="checkbox"/>	<input type="checkbox"/>
4. Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>
5. Other Adult	<input type="checkbox"/>	<input type="checkbox"/>
6. Friend	<input type="checkbox"/>	<input type="checkbox"/>

 11 How did you hear about Hip Gear?

1. <input type="checkbox"/> Advertisement	6. <input type="checkbox"/> Store display or package
2. <input type="checkbox"/> Catalog	7. <input type="checkbox"/> Word of mouth (friend/family member)
3. <input type="checkbox"/> In-store sales person	8. <input type="checkbox"/> Other _____
4. <input type="checkbox"/> Internet/Website	
5. <input type="checkbox"/> Review/Feature/Article	

 12 What were the two most important reasons for purchasing this product? (check up to two):

1. <input type="checkbox"/> Features	6. <input type="checkbox"/> Friend's recommendation
2. <input type="checkbox"/> Price	7. <input type="checkbox"/> Read/Hear about on Internet
3. <input type="checkbox"/> Quality	8. <input type="checkbox"/> Used/Saw it at friend's house
4. <input type="checkbox"/> Read a review	9. <input type="checkbox"/> Received as a gift
5. <input type="checkbox"/> Advertisement	10. <input type="checkbox"/> Other

 13 Which of the following platform systems do you currently own? (check all that apply):

1. <input type="checkbox"/> Nintendo® 64	6. <input type="checkbox"/> Playstation®/PS one™
2. <input type="checkbox"/> Game Boy®/ Game Boy® Color	7. <input type="checkbox"/> Playstation® 2
3. <input type="checkbox"/> Game Boy® Advance	8. <input type="checkbox"/> Xbox™
4. <input type="checkbox"/> Gamecube™	9. <input type="checkbox"/> PC
5. <input type="checkbox"/> Dreamcast™	10. <input type="checkbox"/> Other

 14 How often do you play video games?

1. <input type="checkbox"/> 2+ hours a day	4. <input type="checkbox"/> 2-5 hours every few months
2. <input type="checkbox"/> 2-5 hours a week	5. <input type="checkbox"/> Never
3. <input type="checkbox"/> 2-5 hours a month	

 15 What other Hip Gear products do you own? (check all that apply):

1. <input type="checkbox"/> Valu Packs	5. <input type="checkbox"/> Mouse
2. <input type="checkbox"/> Gamepad	6. <input type="checkbox"/> Memory card
3. <input type="checkbox"/> Wheel	7. <input type="checkbox"/> Cable/Connector/Power Supply
4. <input type="checkbox"/> Joystick/Arcade stick	8. <input type="checkbox"/> Other

ADULT INFORMATION (The adult whose name appears in question #1)

16 Your Gender: 1. Male 2. Female
 17 Your marital status: 1. Married 2. Single
 18 Date of your birth: _____
Month Day Year

ADULT INFORMATION CONTINUED...

19 Including yourself, what is the total number of people living in your household? _____
 20 Date of birth (month/year) of the other adults and children in your household:

Male	Female		Male	Female	
1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/____/____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/____/____
		<small>Month Year</small>			<small>Month Year</small>
1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/____/____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	_____/____/____
		<small>Month Year</small>			<small>Month Year</small>

 21 For your primary residence, do you:
 1. Own 2. Rent
 22 Which best describes your family income?

1. <input type="checkbox"/> Under \$15,000	6. <input type="checkbox"/> \$100,000 - \$124,999
2. <input type="checkbox"/> \$15,000 - \$24,999	7. <input type="checkbox"/> \$125,000 - \$149,999
3. <input type="checkbox"/> \$25,000 - \$34,999	8. <input type="checkbox"/> \$150,000 - \$174,999
4. <input type="checkbox"/> \$35,000 - \$49,999	9. <input type="checkbox"/> \$175,000 - \$199,999
5. <input type="checkbox"/> \$50,000 - \$74,999	10. <input type="checkbox"/> \$200,000 - \$249,999
	11. <input type="checkbox"/> \$200,000 or over

 23 Education (Please check which category applies to you):

1. <input type="checkbox"/> Some high school	3. <input type="checkbox"/> College degree
2. <input type="checkbox"/> Completed high school	4. <input type="checkbox"/> Graduate Degree

 24 In the last six (6) months has anyone in your household purchased any of the following items through the mail and/or over the internet?

	Mail	Internet
1. Books/magazines	<input type="checkbox"/>	<input type="checkbox"/>
2. Children's products	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes	<input type="checkbox"/>	<input type="checkbox"/>
4. Insurance/financial products	<input type="checkbox"/>	<input type="checkbox"/>
5. Music/video.DVD	<input type="checkbox"/>	<input type="checkbox"/>
6. Travel	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>

 25 I use these credit cards:

1. <input type="checkbox"/> American Express	4. <input type="checkbox"/> Visa
2. <input type="checkbox"/> Gas/Retail	5. <input type="checkbox"/> Other _____
3. <input type="checkbox"/> Master Card	6. <input type="checkbox"/> Do not have credit cards

 26 Someone in my home participates in the following activities (Check all that apply):

1. <input type="checkbox"/> Automotive work	19. <input type="checkbox"/> Hunting/Shooting
2. <input type="checkbox"/> Bible/Devotional	20. <input type="checkbox"/> Investments (mutual funds, IRA's)
3. <input type="checkbox"/> Boating/Sailing	21. <input type="checkbox"/> Investments (stocks & bonds)
4. <input type="checkbox"/> Camping/Hiking	22. <input type="checkbox"/> Movie watching
5. <input type="checkbox"/> Casino gambling	23. <input type="checkbox"/> Own a cat
6. <input type="checkbox"/> Contribute to charitable causes	24. <input type="checkbox"/> Own a dog
7. <input type="checkbox"/> Crafts	25. <input type="checkbox"/> Personal computing/Internet
8. <input type="checkbox"/> Cultural art/events	26. <input type="checkbox"/> Photography
9. <input type="checkbox"/> Cycling	27. <input type="checkbox"/> Read books
10. <input type="checkbox"/> Do-it-yourself	28. <input type="checkbox"/> Snow Skiing
11. <input type="checkbox"/> Enter sweepstakes/contest	29. <input type="checkbox"/> Self Improvement
12. <input type="checkbox"/> Fishing	30. <input type="checkbox"/> Soccer
13. <input type="checkbox"/> Fitness/exercising/jogging	31. <input type="checkbox"/> Tennis
14. <input type="checkbox"/> Gardening	32. <input type="checkbox"/> Travel - Foreign
15. <input type="checkbox"/> Golf	33. <input type="checkbox"/> Travel - U.S.
16. <input type="checkbox"/> Gourmet cooking/food/wines	34. <input type="checkbox"/> TV shopping
17. <input type="checkbox"/> Grandchildren	35. <input type="checkbox"/> Vitamins/natural foods
18. <input type="checkbox"/> Home Decorating	36. <input type="checkbox"/> Watch sports on TV

Thank you for completing this questionnaire. Your answers will help us and other companies reach you with offers that may interest you.
 If you prefer not to receive these offers, please check here []