

Product Registration Form

Please fill out this pdf form, save it, then attach to an email
and send to: sales@vektek.com

VEKTEK VISE

Product to be Registered: Standard FLEXVise

Model Number:

Serial Number:

Date Purchased:

Registration Details

Company:

Address:

City:

State: Zip:

Name:

Title:

Email:

Phone Number:

(If different than above) Address:

City:

State: Zip:

Customer Survey

Are you satisfied with the performance? Yes No

What made you choose our product?

(For office use only) Registration Number: