



PRODUCT FEEDBACK FORM

DATE: _____

WJ PRODUCT NAME: _____

WJ PRODUCT ITEM NUMBER: _____

WJ PRODUCT UPC CODE: _____

CONTACT INFORMATION:

COMPANY NAME: _____

YOUR NAME: _____

ADDRESS: _____

CITY, STATE, & ZIPCODE: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

QUESTIONS:

COMMENTS: