

# WARRANTY REGISTRATION

Please complete and return this card to activate the warranty on your new machine.

Please fill-in or attach a business card.

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Model: \_\_\_\_\_

Name of Company Purchased From: \_\_\_\_\_

Phone Number of Company: \_\_\_\_\_

Where did you learn about this product?

- Distributor     Web site     Other: \_\_\_\_\_  
 Magazine Ad     Direct Mail    \_\_\_\_\_  
 Trade Show     Word of Mouth    \_\_\_\_\_

What prompted you to purchase this product?

- Sales Special     Web site     Other: \_\_\_\_\_  
 Trade Show     Seasonal Purchase    \_\_\_\_\_  
 Needed for a specific job    \_\_\_\_\_

Please rate your satisfaction with your distributor (5= excellent, 1 = poor)

\_\_\_ Product knowledge    \_\_\_ SmaK Product Display    \_\_\_ Customer Service  
\_\_\_ Product demonstration    \_\_\_ Friendliness of staff  
\_\_\_ Product availability    \_\_\_ Cleanliness of facility

Please rate your satisfaction with SmaK Products (5= excellent, 1 = poor)

\_\_\_ Product performance    \_\_\_ Product Availability  
\_\_\_ Customer Support    \_\_\_ Customer Service

Additional comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_

FOR WARRANTY SERVICE: [service@smakplastics.com](mailto:service@smakplastics.com) or 360-882-0410 (ext 1625)

(1) Contact SmaK Products for a Returned Material Authorization (RMA) number.

(2) Have the model, serial number and purchase date available.

**No returns will be accepted without an RMA number.**

78-00003 012011

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\_\_\_\_\_  
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Place  
Stamp  
Here

**SmaK Products**  
**9116 NE 130<sup>th</sup> Ave, Ste 106**  
**Vancouver, WA 98682**

\_\_\_\_\_  
\_\_\_\_\_

Place  
Stamp  
Here

**SmaK Products**  
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**Vancouver, WA 98682**