



National Auto Glass Supplies

Quality Auto Glass Supplies

Product feedback form

Customer name: _____ Customer account code: _____

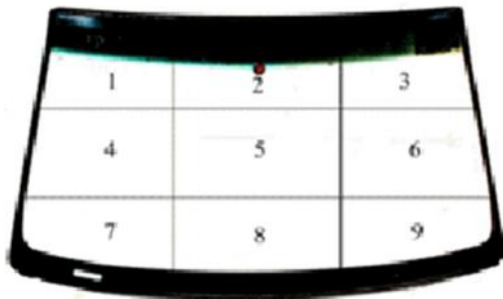
Date of purchase: _____ Invoice No.: _____ Quantity: _____

NAGS product code: _____ Make: _____ Model: _____ Year: _____

Body type: _____ VIN/Chassis Number (if available): _____

Issues/Suggestions/Comments: _____

On the diagram below, please identify the problem area or draw in the space provided:



or draw...

To assist us have better understanding of the issue, please attached photos. Photos attached: Yes / No

Please return the completed form with photos by email to products@nags.com.au or the local branch you deal with.

Signed: _____

Date: _____

Print name: _____

*Your feedback is important to us. Thank you for taking time to complete this form.
Thank you for your support to our business.*