

Tell Us What You Think

Let us know what you think of Comstock Klips. Simply mail or fax this response form to give us your opinion.

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Name _____ Pin # _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Business Type _____

1. Is this your first time using Comstock Klips? ___ Yes ___ No

2. Were you pleased with the photography?

3. Do you have any suggestions or comments that might help us to improve this product?

4. What other subjects would you like to see from Comstock Klips?