



Registration form V-Test Traxion+

Name V-Test driver:	
Address:	
Postcode & city:	
Country:	
Telephone:	
Activity:	<input type="checkbox"/> Farmer <input type="checkbox"/> Farm contractor <input type="checkbox"/> Other:
Traxion+ - Dimension Front axle:	
Traxion+ - Dimension Rear axle:	
Traxion+ - Date of purchase:	
Tractor - Make & model:	
Rim - Width:	

Name tyre supplier:	
Address:	
Postcode & city:	
Country:	

Please send this form to: Vredestein Banden B.V.
 Attn. Yvonne Vollenbroek
 P.O. Box 27
 7500 AA Enschede
 The Netherlands

Or fax to: +31-(0)53-4888469

