

WARRANTY REGISTRATION

MODEL	SKINREX CAVI-LIPO DEX		
SERIAL NUMBER	SR - DX - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
	(DD/MM/YYYY)		
AGENT		(BUYER COPY)	
AGENT / BUSINESS NAME		COUNTRY	
ADDRESS			
CONTACT	LANDLINE	Country Code (+)	
	MOBILE	Country Code (+)	
	E-MAIL	Country Code (+)	
AGENT SIGNATURE		I/We hereby certify that the substance referred to above will not be re-sold or otherwise supplied to any other customer unless the latter furnishes a declaration of use in accordance with this model.	
		(DD/MM/YYYY)	

BUYER		(AGENT COPY)	
MODEL	SKINREX CAVI-LIPO DEX		
SERIAL NUMBER	SR - DX - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
	(DD/MM/YYYY)		
AGENT / BUSINESS NAME		COUNTRY	
ADDRESS			
CONTACT	LANDLINE	Country Code (+)	
	MOBILE	Country Code (+)	
	E-MAIL	Country Code (+)	
BUYER SIGNATURE		I/We hereby certify that the substance referred to above will not be re-sold or otherwise supplied to any other customer unless the latter furnishes a declaration of use in accordance with this model.	
		(DD/MM/YYYY)	