

# WARRANTY REGISTRATION

MODEL	SKINREX CAVI-LIPO		
SERIAL NUMBER	SR - US - <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		
SERIAL NUMBER	SR - US - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
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		(DD/MM/YYYY)	