

DIGITAL IC TESTER

Warranty Certificate





Please complete the following details and retain with the original purchase document.

Product Model Number/Name: _	
Dealer's Name:	Phone:
Dealer's Address:	
Customer Name:	
Address:	
Phone:E	Email:
Warranty Start Date://	
Warranty End Date://	
Clanatura	
Signature:	

IMPORTANT: Please store this card in a secure location for future reference.

COMPANY reserves the right to request this document before accepting repair requests.

This does not affect or limit your mandatory statutory rights.

