

WARRANTY CERTIFICATE

product: _____

TO BE FILLED BY MANUFACTURER

Nº _____

Manufacturing date _____

QC department representative _____

QC stamp

Quality claims address: Sr Tech LLC, 97500 Radomsko;
Zeromskiego 22/2; Poland, info@milerd.com milerd.com

TO BE FILLED BY RETAILER

Date of sale _____
day, month, year

Seller _____
signature

Seal

ACCEPTANCE CERTIFICATE

product: _____

Nº _____

Head of QC department _____
signature

print full name

day, month, year

Seal