

WARRANTY REGISTRATION FORM

In order to validate the warranty of the instrument purchased please fill in this form and send it back to us within 14 days of purchase.

Model N°:
Serial N°:

Company Name:
Contact person:
Address:
Zip & City:
Country:
Phone:
Fax:
E-mail:

Dealer:
Purchase date:

Please check product application below:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Plating |
| <input type="checkbox"/> Analytical Laboratory | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Aquarium/Aquaculture | <input type="checkbox"/> Industrial Process |
| <input type="checkbox"/> Boilers/Cooling Towers | <input type="checkbox"/> Industrial Waste |
| <input type="checkbox"/> Civil Waste | <input type="checkbox"/> Wine & Brewing |
| <input type="checkbox"/> Clinical/Hospital Lab | <input type="checkbox"/> Water Conditioning |
| <input type="checkbox"/> Dairy Foods | <input type="checkbox"/> Waste Water Treatment |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Food Processing/Storage |
| <input type="checkbox"/> Printing/Photo developing | <input type="checkbox"/> Food Preparation |
| <input type="checkbox"/> Other: | |

How did you hear about Milwaukee Instruments?
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What magazines best support your industry?
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What industry trade shows does your company attend?
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