

Warranty Request Date:					
END USER INFORMATION			INSTALLATION CONTRACTOR INFORMATION		
Company Name:			Contractor Name		
Primary Contact Name:			Primary Contact Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone:	Fax:		Telephone:	Fax:	
E-Mail Address:			E-Mail Address:		
PROJECT					
Project Name:			Project Manager:		
			Project Manager Phone Number:		
			Project Manager E-Mail Address:		
Project Site Address:			Is Project Manager RCDD certified: Y / N Certificate Number:		
City:	State:	Zip:	List any other certifications:		
Project Site Phone Number:			Any Remote Site Locations: Y / N If so, list all locations and contact information:		
Other Contact Information:					
Project Start Date:	Project Completion Date:				
PROJECT DETAILS					
Does the Premises cable portion of the installation account for a minimum of 25% of the total cable purchase value? Y / N (Please enclose copy(ies) of the purchase invoices for product eligibility.)			Is the structured cabling (horizontal and backbone data) 100% Superior Essex products?: Y / N (Please enclose copy(ies) of purchase invoices for products eligible for warranty.)		
An extended warranty is requested for which products?:					
How much (in feet) of each product was installed?:					
Were these components installed to industry Standards?: Y / N					
List Distributor(s) where Superior Essex products were purchased: (Please enclose copy(ies) of purchase invoices for products eligible for warranty.)					
SIGNATURE OF THE WARRANTY HOLDER IS REQUIRED.					
Warranty Holder Signature:			Date:		
SUPERIOR ESSEX USE ONLY					
Superior Essex Approval Signature:		Date:	Version of industry standards in place at time of purchase:		
Please fax this completed form to Gayle Watson @ 770.657.6770.					