

<b>Warranty Request Date:</b>					
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: <b>Y / N</b> Certificate Number:		
City:	State:	Zip:	List any other certifications:		
Project Site Phone Number:			Any Remote Site Locations: <b>Y / N</b> If so, list all locations and contact information:		
Other Contact Information:					
Project Start Date:	Project Completion Date:				
Project Details					
Is the structured cabling (horizontal and backbone data) 100% Superior Essex products?: <b>Y / N</b> (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?: <b>Y / N</b>					
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.					
<b>Warranty Holder Signature:</b>			<b>Date:</b>		
Superior Essex use only					
<b>Superior Essex Approval Signature:</b>		<b>Date:</b>	<b>Version of industry standards in place at time of purchase:</b>		
Please fax this completed form to Gayle Watson @ 770.657.6770.					