

Requirements to apply for the extended 25-warranty Nexxt Solutions®

Location	
Date	

Structured cabling installation

Name of the company:	
RFC / Tax ID number	
Company profile	
Address	
District /_neighborhood	
Zip code	
Borough/ Municipality	
Locality:	
Telephone number	
# of Links / Category:	
Contact name:	
Email:	

Telephone number	
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Structured cabling integrator

Company	
Nexxt Solutions registration :	
RFC / Tax ID number	
Address	
District /_neighborhood	
Zip code	
Borough/ Municipality	
Locality:	
Telephone number	
Certified technicians	
Name of technician 1:	
Name of technician 2:	
Name of technician 3:	
Technical log 1:	
Technical log :2:	
Technical log:3:	
Contact name :	
Email:	
Telephone number	

Network certifying device

Brand:	
Model :	
Serial number	
Calibration date :	
Company performing the calibration :	
Calibration number	

Name and signature
Client

Name and signature
Integrator