

Warranty program



Applicant Company details

Warranty claim form

Company name

Accredited Installer name

CCS certificate N°

Issue date

Service under warranty is required at:

Company name

Address

City

ZIP code

Country

Department

Reference contact

Telephone No.

Fax No.

E-mail address

System certification date

Standard reference

Description of non compliant:

1

2

3

4

Item code

Fault

Item code

Fault

Item code

Fault

Item code

Fault

We authorize Qubix technicians or trusted partner to visit the site to investigate the problem and solve the non compliance related to the structured cabling system fully realized with CCS branded products.

Date

Company CEO

Signature