



DYNAMIX APPROVED INSTALLER APPLICATION FORM

COMPANY DETAILS

Company Name:

Address:

Contact Name:

Email: Telephone:

DETAILS OF CURRENT CABLING CERTIFICATIONS*

NOMINATED INSTALLER/S	BRAND CERTIFICATION	DATE COMPLETED

REFERRAL SITES*

* If additional space is needed for listing details, please continue on a separate sheet of paper and attach it to this application form.

DECLARATION BY THE OWNER, PARTNER or DIRECTOR of the COMPANY

By signing below, I certify that the above information is true and accurate and I certify the following:

1. I understand that, as listed on the DYNAMIX Approved Installers Application Form, only approved installers are authorised to undertake installation of the system consisting of permanent links solely constructed with DYNAMIX Approved Certified Cabling products.
2. I acknowledge that I have read, and agree to be bound by, the Terms and Conditions of the Warranty.
3. I am authorised to approve and sign this document on behalf of the company.

Name: Title:

Signature: Date:

COMPUTER DYNAMICS USE ONLY

Approved Installer Registration Number: Approved By:

Application Date: Signature:

Date:

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