

Customer's Response

Ref. no. (for office use): _____ Date: _____

INFORMATION ON THE CUSTOMER/OWNER OF THE SYSTEM

Company name: _____

Registered office address: _____

Address of the system under warranty: _____

Contact person (name): _____

Telephone: _____ Fax: _____

Email: _____

Address of the system under warranty: _____

Contact person at site (name): _____

Telephone: _____ Fax: _____

Email: _____

PLEASE COMPLETE THIS SECTION IF THE PROJECT HAS BEEN ENGINEERED BY CERTIFIED INSTALLER (CI)

Company name: _____

1. Please evaluate the quality of the Hyperline Cabling System installed	Very Good	Good	Satisfactory	Poor
2. Please evaluate the quality of work done by the CI in general	Very Good	Good	Satisfactory	Poor
3. Please evaluate the technical ability of the CI personnel	Very Good	Good	Satisfactory	Poor
4. Would you call on this CI in the future?	Yes	No		
5. Will you allow Hyperline Systems Canada Ltd. to mention the name of your project in open media sources?	Yes	No		

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6. Please offer any additional comments regarding your experience with the CI company:

7. Please offer any additional comments regarding product range, technical level and quality of components produced by Hyperline:

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- This form is intended to obtain feedback from the owner of the Hyperline SCS in order to evaluate the quality of services offered by the CI companies, and to improve the customer service practices of Hyperline Systems Canada Ltd.
 - Completion of Form No. 5 is required. After completing this form, it may be transferred to the CI who is executing warranty documents on the Hyperline SCS.
 - Form No. 5 can be sent to Hyperline by fax at 1-613-736-9752.

Please submit this form via email to info@hyperline.com or scan and fax to 613-736-9752.