

Maxxam Installer Partner Programme



Application Form

Company Name			
Company Address		Telephone (Main)	
Contact Name		Contact Role	
Contact Email		Contact Mobile	
Number of Engineers		Number of Project Managers	
Does your company hold accreditation with any other cabling system manufacturers?			Yes No
If Yes then please provide the name(s) of the manufacturer(s) and the date last trained			
<u>Manufacturer</u>		<u>Date of training</u>	
<p>We hereby agree that, should it not be necessary for us to undertake the full Maxxam Installer Partner training course, we will make appropriate staff available for 'tool box' training at a mutually convenient time and place. We acknowledge that completion of the 'tool box' training is the minimum requirement in order for us to apply for the Maxxam 25 year Cabling Performance Warranty (please tick the box to confirm your acceptance of this condition).</p>			
Please advise your preferred location for training to be carried out (This could be your office, at Maxxam or any other suitable location)			
Do you have any preferred dates for the training to be carried out?			
Please indicate the number of people that you expect to attend the training			
What make and model of copper cable tester do you use?			
What make and model of fibre cable tester do you use?			
Form Completed By		Date	

Depending on your version of Adobe Reader you may need to print the completed form, scan it and then send it.
Please send the completed form to sales@maxxam.co.uk or fax to **01276 405328**