

# ITW LINX PRODUCT WARRANTY REGISTRATION FORM

**IMPORTANT:** Although registering protectors helps us to track useful information and support continuous improvement, registering your product is not required for the warranty to be effective.

## Please tell us about yourself:

All of your responses will be kept confidential. **IMPORTANT:** ( \* required fields)

- \* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
\* Mailing Address: \_\_\_\_\_  
\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_  
\* Country:  United States  Canada Other: \_\_\_\_\_  
\* Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
\* Your Organization is: (please select one from the following list)  
 Home/Home Office Customer  Small & Medium Business (less than 1000 employees)  
 Government, Education, Industrial  Large Corporation (more than 1000 employees)  
 Authorized Distributor or Partner

## Please tell us about the product purchased:

**IMPORTANT:** ( \* required fields)

- \* Product Description: \_\_\_\_\_  
\* ITW Linx Model Number: \_\_\_\_\_  
\* Date of Purchase: \_\_\_\_\_  
\* Place of Purchase (Company Name): \_\_\_\_\_  
\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_  
\* Country:  United States  Canada Other: \_\_\_\_\_  
\* Purchase Price: (USD) \$ \_\_\_\_\_ (CAD) \$ \_\_\_\_\_  
\* Address of Product Installation: \_\_\_\_\_  
\* Name of Installer: \_\_\_\_\_  
\* Connected Equipment's Manufacturer & Model Numbers: \_\_\_\_\_  
\* Connected Equipment's Manufacturer & Serial Numbers: \_\_\_\_\_

Complete filling out the form and submit to "sales@itwlinx.com" or fax to ITW Linx at 1.630.315.2155.  
Any questions, please contact ITW Linx customer service at 1.800.336.5469 / 1.630.315.2150.

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**Please tell us...**

**IMPORTANT:** ( \* required fields)

**\*1. How did you hear about ITW Linx?** (please select one from the following list)

- |   |  |
|---|--|
| <input type="checkbox"/> Advertisement - Magazine         | <input type="checkbox"/> Catalog             |
| <input type="checkbox"/> Contractor                       | <input type="checkbox"/> Consultant          |
| <input type="checkbox"/> Direct Mail                      | <input type="checkbox"/> Editorial / Article |
| <input type="checkbox"/> Friend / Co-worker               | <input type="checkbox"/> Internet            |
| <input type="checkbox"/> Other Manufacturer               | <input type="checkbox"/> Previous Purchase   |
| <input type="checkbox"/> Reseller / Dealer / Sales person | <input type="checkbox"/> Store Display       |
| <input type="checkbox"/> Trade Show                       |  |

Other \_\_\_\_\_

**\*2. Which best describes the job/position title of the person who decided to purchase this product?** (please select one from the following list)

- |  |   |
|--|---|
| <input type="checkbox"/> Accountant / Banker / Financial Analyst | <input type="checkbox"/> Engineer / Scientist / Programmer Analyst  |
| <input type="checkbox"/> Administrative Staff                    | <input type="checkbox"/> LAN / Network Manager                      |
| <input type="checkbox"/> Art Director / Graphic Designer         | <input type="checkbox"/> LAN / Network Staff                        |
| <input type="checkbox"/> Chairman / President / Owner / Partner  | <input type="checkbox"/> MIS / DP Manager                           |
| <input type="checkbox"/> Contractor                              | <input type="checkbox"/> Professional (Doctor / Lawyer / Architect) |
| <input type="checkbox"/> Consultant / Advisor                    | <input type="checkbox"/> System Support                             |
| <input type="checkbox"/> CFO / Controller / Treasurer            | <input type="checkbox"/> Facilities Manager / Staff                 |
| <input type="checkbox"/> Data Comm. / Telecom Manager            | <input type="checkbox"/> Purchasing Manager / Staff                 |
| <input type="checkbox"/> Editor Writer                           | <input type="checkbox"/> Manager / Supervisor (not listed above)    |
| <input type="checkbox"/> Educator                                | <input type="checkbox"/> Not applicable                             |

Other \_\_\_\_\_

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**Please tell us...**

**IMPORTANT:** ( \* required fields)

**\*3. In what environment will this ITW Linx product be used?** (please select one from the following list)

- |  |  |
|--|--|
| <input type="checkbox"/> Data Center   | <input type="checkbox"/> Factory                       |
| <input type="checkbox"/> Wiring Closet | <input type="checkbox"/> Laboratory                    |
| <input type="checkbox"/> Home          | <input type="checkbox"/> Retail Store                  |
| <input type="checkbox"/> Office        | <input type="checkbox"/> School / University / Library |
| <input type="checkbox"/> Home Office   | <input type="checkbox"/> Hospital / Medical Facility   |
| Other _____                            |  |

**\*4. Which features influenced your purchase?** (please select three from the following list)

- |  |  |
|--|--|
| <input type="checkbox"/> Appearance / Shape                          | <input type="checkbox"/> On / Off Switch                 |
| <input type="checkbox"/> Cable / Satellite Protection                | <input type="checkbox"/> Packaging                       |
| <input type="checkbox"/> Connected Equipment Warranty                | <input type="checkbox"/> Price                           |
| <input type="checkbox"/> Cord Length                                 | <input type="checkbox"/> Protect or Disconnect Circuitry |
| <input type="checkbox"/> Indicator Lights                            | <input type="checkbox"/> Reliability                     |
| <input type="checkbox"/> Joule Rating (surge / lightning protection) | <input type="checkbox"/> Signal Perfect Circuitry        |
| <input type="checkbox"/> Modem / Fax Protection                      | <input type="checkbox"/> Spacing for Transformers        |
| <input type="checkbox"/> Number of Outlets                           | <input type="checkbox"/> SurgeGate Plus Circuitry        |
| Other _____  |  |

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