



TECHNOLOGIES INC.
HICKSVILLE, NEW YORK

BASIC INQUIRY FORM

Questions about how to complete this form?

Call 516-433-1313
(9 a.m. to 4 p.m. EST)

To send completed form:

1. Save Form and email it to your sales contact

- or -

2. Print and fax Form to:
516-433-1457

Organization:

| | |
|---------------|-------|
| ORGANIZATION: | DATE: |
|---------------|-------|

| | |
|---------------|---------------|
| CONTACT NAME: | PHONE NUMBER: |
|---------------|---------------|

Company:

| | |
|---------------|--------|
| CONTACT NAME: | TITLE: |
|---------------|--------|

COMPANY:

STREET:

| | | |
|-------|--------|----------|
| CITY: | STATE: | ZIPCODE: |
|-------|--------|----------|

| | | |
|---------------|------|----------------|
| PHONE NUMBER: | FAX: | EMAIL ADDRESS: |
|---------------|------|----------------|

Product:

Product Type:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> <u>Switching Power</u> | <input type="checkbox"/> <u>Unregulated Adaptor</u> | <input type="checkbox"/> <u>Transformer</u> | <input type="checkbox"/> <u>Battery Charger</u> |
| <input type="checkbox"/> <u>DC - DC Converter</u> | <input type="checkbox"/> <u>Other:</u> _____ | | |

Case Type:

| | | | |
|--|--|---|--|
| <input type="checkbox"/> <u>Wall Plug-In</u> | <input type="checkbox"/> <u>Interchangeable Base</u> | <input type="checkbox"/> <u>Desktop</u> | <input type="checkbox"/> <u>Open Frame</u> |
| <input type="checkbox"/> <u>Other:</u> _____ | | | |

Product Input:




Input Voltage:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> <u>120 VAC</u> | <input type="checkbox"/> <u>230 VAC</u> | <input type="checkbox"/> <u>Universal</u> | <input type="checkbox"/> <u>DC:</u> _____ <u>V</u> |
|---|---|---|--|

Input Type: (Wall Plug-In)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> <u>U.S. 2-Prong</u> | <input type="checkbox"/> <u>U.S. 3-Prong</u> | | |
| <input type="checkbox"/> <u>Japan</u> | <input type="checkbox"/> <u>Australian</u> | <input type="checkbox"/> <u>European</u> | <input type="checkbox"/> <u>British (U.K.)</u> |

Input Type: (Desktop)

| | | |
|--|---|---|
| <input type="checkbox"/> <u>IEC 320 C-14</u>  | <input type="checkbox"/> <u>IEC 320 C-8</u>  | <input type="checkbox"/> <u>IEC 320 C-6</u>  |
| <input type="checkbox"/> <u>Other:</u> _____ | | |

Product Output:

Output Type: VAC VDC

of Outputs: Single Dual Triple Quadruple

Output 1: _____ @ _____

Output 2: _____ @ _____

Output 3: _____ @ _____

Output 4: _____ @ _____

Grounding: AC Ground to DC Return (APX Standard) AC Ground is Floating

Output Cable & Connector:

(Termination May Need to Change to Meet Energy Efficiency Requirements)

Project:

End Application: _____

Product Usage: Consumer Commercial

Energy Efficiency Level: IV V

Quantity: _____ EAU: _____ Delivery Date: _____

Project Stage: Existing Design 2ND Source Issues with Current Vendor New Project

Comments (Special or unique features, sample requirements, pricing, etc.)
