

TO MAKE SURE YOU ARE GETTING THE PROPER FLEXKRAFT UNIT FOR YOUR SWITCH MODE RECTIFIER NEEDS, WE ARE NOW REQUIRING THIS FORM TO BE FILLED OUT FOR ALL QUOTES AND PURCHASE ORDERS FOR FLEXKRAFT SWITCH MODE RECTIFIER UNITS. PLEASE PROVIDE THE BELOW INFORMATION AS ACCURATELY AS POSSIBLE AND SEND TO METAFIN SUPPLY COMPANY VIA EMAIL (sales@metafinsupply.com) or FAX (847) 740-1930.

DATE:		
COMPANY:		
CONTACT NAME:		_ JOB TITLE:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
EMAIL:		
WHAT IS THE INPUT Voltage AC:		
WHAT IS THE DESIRED DC OUTP	UT VOLTAGE?	
WHAT IS THE DESIRED DC OUTP	UT AMPERAGE?	
WHAT TYPE OF CONTROL WILL	YOU BE USING (PLC, REMOTE, LO	OCAL):
WHAT TYPE OF COMMUNICATIO	N, IF ANY (4-20mA, 0-10V, MODBU	S/PROFIBUS):
WHAT TYPE OF COOLING METHO	OD (AIR or WATER):	
WHAT APPLICATION WILL THES	E RECTIFIERS BE USED FOR?	
WHAT TYPE OF PROGRAM, IF AN WHAT ARE THE SPECS ON THE I	IY, POLARITY REVERSE, ETC. PROGRAM?	

Thank you for your quote request. We will contact you soon.

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