



CUSTOM PRODUCT REQUEST ORDER FORM

FORM 2.102.1

Fax to Beta Dyne at 508-697-2045

Please complete all applicable information. This will help us provide a fast & accurate quotation.

CONTACT INFO

First Name _____ Last Name _____ Tel (_____) _____

Company Name _____ Fax (_____) _____

Address _____

City _____ State/Province _____ Zip Code _____

DESCRIPTION OF APPLICATION

SPECIFICATIONS

Input:

Nominal Voltage _____ Voltage Range _____

Filter Required Yes No

Short Circuit Protecton Continuous Momentary

Output:

	V ₁	V ₂	V ₃	V ₄	V ₅
Voltage					
Current					
Line Regulation					
Load Regulation					
Ripple & Noise					

General:

Efficiency _____

Isolation (Vdc) _____

Overvoltage Protection (OVP) Yes No

Case Size _____

Operating Temp Range _____

Cooling Free Air Forced Air

SPECIAL REQUIREMENTS (IF ANY):

PROJECTED QUANTITY

Year 1 _____ Price Objective \$ _____

Year 2 _____ Price Objective \$ _____

Year 3 _____ Price Objective \$ _____

PROTOTYPE

Qty _____ Date _____