

REQUEST FORM

COB HOLDER 430



Please complete this form to **determine the appropriate holder** for your project.

Hint: Use to jump though the fields and to switch the check boxes.

Please provide information about the <u>scope of your project</u> .					
Project name:					
Priority:	<input type="checkbox"/> normal	<input type="checkbox"/> urgent	<input type="checkbox"/> as soon as possible		
Start of production:	<input type="checkbox"/> Q1	<input type="checkbox"/> Q2	<input type="checkbox"/> Q3	<input type="checkbox"/> Q4	Year:
Project style:	<input type="checkbox"/> one time project	<input type="checkbox"/> serial (new)		<input type="checkbox"/> serial (replacement)	
Expected Quantity:	<input type="checkbox"/> <1k	<input type="checkbox"/> 1k-5k	<input type="checkbox"/> 5k-10k	<input type="checkbox"/> 10k-100k	<input type="checkbox"/> >100k
Remarks:					

Which <u>components</u> do you want to test?					
COB manufacturer:					
COB type:					
Optics manufacturer:	1.			2.	
Optics type:					

Do you need <u>customization</u> ?				
Wire:	<input type="checkbox"/> 200 mm long	<input type="checkbox"/> SiF 0,35/AWG22	<input type="checkbox"/> PVC AWG22/7	
	<input type="checkbox"/> mm long	<input type="checkbox"/> SiF 0,5/AWG20	<input type="checkbox"/> PVC AWG20/18	
	<input type="checkbox"/> without, only contact	<input type="checkbox"/> SiF 1,0/AWG18	<input type="checkbox"/> mPPE AWG22/7	
Wire ends:	<input type="checkbox"/> semi stripped	<input type="checkbox"/> round clips	<input type="checkbox"/> tinned	<input type="checkbox"/>
Shape / fixing points:	<input type="checkbox"/> B+W Standard		<input type="checkbox"/> customized (drawing / 3D model attached)	
Rated voltage:	<input type="checkbox"/> 80V DC	<input type="checkbox"/> 150V DC	<input type="checkbox"/> 450V DC	

Please let us know your <u>contact details</u> .				
<input type="checkbox"/> see E-Mail signature / Business card for details				
Contact person:			Phone no:	
Job title:			E-Mail:	
How did you hear about us?	<input type="checkbox"/> Tradeshow	<input type="checkbox"/> Distributor	<input type="checkbox"/> Referral	<input type="checkbox"/> Other

If you need <u>samples</u> for testing, please fill out the following.				
Quantity*:	1.	2.	*up to 5 pcs. are free of charge, higher quantities on request	
Legal Company name:				
full shipment address: <small>street, suite, Zip, city, state, country</small>				
VAT No. of shipping add.			Courier account No.:	

Privacy notice: We observe the current legal situation when processing your personal data. Our privacy notices are available on request.

