



Customer Product Request

Customer Name: _____

Primary Point of Contact: _____ POC phone: _____

Address: _____

POC email: _____

Date of this request _____ Quantity of units requested _____

Frequency _____ Peak Power: MIN _____ MAX _____ Duty Cycle _____

Gain _____ PRF _____ Pulse Width _____

Remote Control choice: Ethernet (standard) IEEE-488 RS-232 / RS-422

PCB Coating: Yes No

<u>CONNECTORS</u>	<u>TYPE</u>	<u>LOCATION {front or back}</u>	<u>NOTES</u>
RF Input	_____	_____	_____
RF Output	_____	_____	_____
Forward RF Test Point	_____	_____	_____
Reverse RF Test Point	_____	_____	_____
Collector Current Test Point	_____	_____	_____
Pulse Input	_____	_____	_____
Power Connector	_____	_____	_____

Primary Power: _____ Freq: _____ Φ Max Current: _____ A

Rack Mount Ears: YES NO Chassis Slides: YES NO Dagger Pins: YES NO

Source Inspection: YES NO

Special Features: _____

