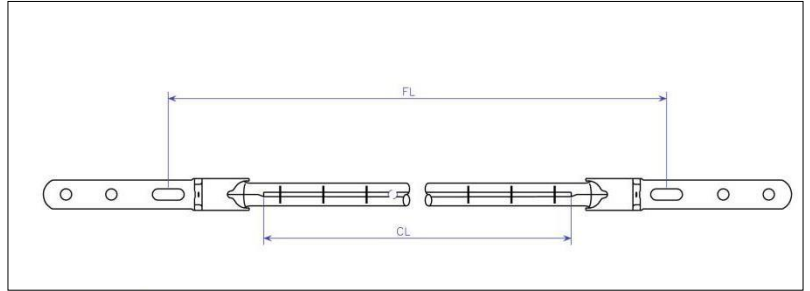
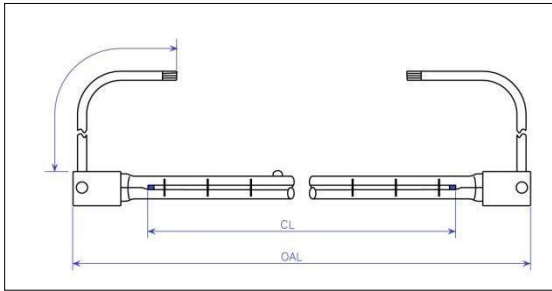


CUSTOMER'S REQUEST

COMPANY DETAILS:

Company name: _____
 Activity: _____
 Country: _____
 Web Site: _____

Contact name: _____
 Phone: _____
 Fax: _____
 Email: _____



EMITTER SPECIFICATIONS*:

Voltage: _____ V **Power:** _____ W **Filament Temperature:** _____ °Kelvin

Burning Position: Horizontal Universal

Emitter Type:

DS <input type="checkbox"/>	DM <input type="checkbox"/>	DDS <input type="checkbox"/>
DC <input type="checkbox"/>	DMC <input type="checkbox"/>	DDSC <input type="checkbox"/>
DB <input type="checkbox"/>	DML <input type="checkbox"/>	DDL <input type="checkbox"/>
DA <input type="checkbox"/>		DDML <input type="checkbox"/>
DL <input type="checkbox"/>		DDMS <input type="checkbox"/>
DT <input type="checkbox"/>		

Dimensions:
 OAL: _____ mm **Cables Terminal (if cables required):**
 FL: _____ mm Striped: Faston Male:
 CL: _____ mm Splice: Faston Female:
 WL: _____ mm Fork M5:
 Ring M4: Cable insulation sleeve: Yes No

Base Types:

B <input type="checkbox"/>	Jc <input type="checkbox"/>	T <input type="checkbox"/>	Base Types jacketed Emitters:
B splashproof <input type="checkbox"/>	Rs <input type="checkbox"/>	Gw <input type="checkbox"/>	B <input type="checkbox"/>
Bf <input type="checkbox"/>	N <input type="checkbox"/>	Gs <input type="checkbox"/>	Bj <input type="checkbox"/>
J <input type="checkbox"/>	Ns <input type="checkbox"/>	Magic Fit i <input type="checkbox"/>	V <input type="checkbox"/>
			Vj <input type="checkbox"/>

USEFUL INFORMATIONS:

Application or system: _____ Lamps annual consumption: _____ Pcs
 Voltage, dimming during operation: _____ % to _____ % Quantity per delivery: _____ Pcs
 Shock, vibration, acceleration: Yes No
 Cooling system on sealing part: Yes No

COMMENTS: