

## PCB TRANSFORMER DATA ENQUIRY/ORDER FORM

VA: \_\_\_\_\_ HERTZ: \_\_\_\_\_ HOUSING:  YES  NO

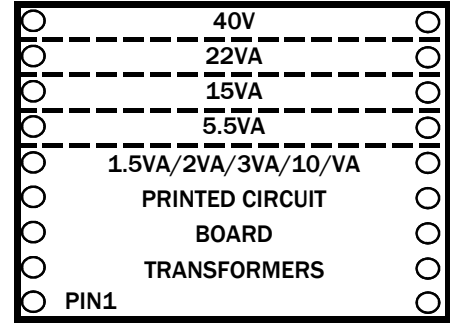
PRIMARY VOLTAGE: \_\_\_\_\_

SECONDARY VOLTAGE: \_\_\_\_\_

QTY: \_\_\_\_\_

**BOTTOM VIEW**

**(PIN VIEW)**

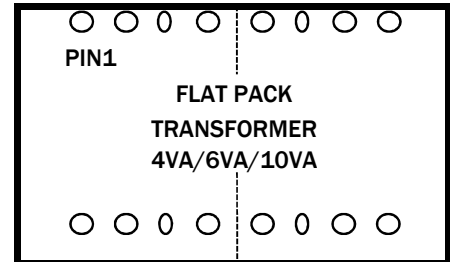
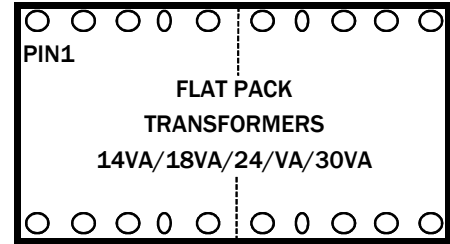


**PRIMARY TAPPINGS :**

<u>VOLTS</u>		<u>Amps</u>	
PIN 1:	_____	PIN 10:	_____
PIN 2:	_____	PIN 11:	_____
PIN 3:	_____	PIN 12:	_____
PIN 4:	_____	PIN 13:	_____
PIN 5:	_____	PIN 14:	_____
PIN 6:	_____	PIN 15:	_____
PIN 7:	_____	PIN 16:	_____
PIN 8:	_____	PIN 17:	_____
PIN 9:	_____	PIN 18:	_____

**SECONDARY TAPPINGS :**

<u>VOLTS</u>		<u>Amps</u>	
PIN 1:	_____	PIN 10:	_____
PIN 2:	_____	PIN 11:	_____
PIN 3:	_____	PIN 12:	_____
PIN 4:	_____	PIN 13:	_____
PIN 5:	_____	PIN 14:	_____
PIN 6:	_____	PIN 15:	_____
PIN 7:	_____	PIN 16:	_____
PIN 8:	_____	PIN 17:	_____
PIN 9:	_____	PIN 18:	_____



Contact Person:		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>COMPANY STAMP</p> </div>
Signature:		
Company:		
Date:		
Order No:		