

# Inquiry form

Please fill in the document as detailed as possible.

\* = Required

Contact	
Company*:	<input type="text"/>
Street*:	<input type="text"/>
ZIP / City*:	<input type="text"/> <input type="text"/>
Contact person*:	<input type="text"/> <input type="text"/>
Phone*:	<input type="text"/>
Email*:	<input type="text"/>
Customer no. Autronic:	<input type="text"/>
Date (DD.MM.YYYY):	<input type="text"/>

Project	
Nominal input voltage incl. tolerances:	<input type="text"/>
Output voltage/s:	<input type="text"/>
Power per output: Total power:	<input type="text"/>
Galvanic isolation:	<input type="text"/>
If, yes, please specify:	
Input/Output:	<input type="text"/>
Input/PE:	<input type="text"/>
Output/PE:	<input type="text"/>
Mounting:	<input type="text"/> <input type="text"/>
Temperature in °C:	min. <input type="text"/> max. <input type="text"/>
Project units p. a.:	<input type="text"/>
Projekt duration:	<input type="text"/>
Notes:	<input type="text"/>