PLEASE COMPLETE AND SUBMIT ON-LINE OR PRINT AND FAX TO (217) 563-8336. ATTN: SALES DEPARTMENT

NON-MOTOR LOAD DATA

Date____/____/____

Company Name_____

Mailing Address_____

City_____ State_____ Zip Code_____

Contact Name_____ Email_____

Phone_____ _____ _____ Fax_____ _____ _____

THE FOLLOWING DATA IS REQUESTED TO ALLOW PROPER EVALUATION OF THREE-PHASE LOAD AND RECOMMENDATION OF THE PHASE CONVERTER. MANUFACTURERS OFTEN DO NOT PROVIDE ALL THESE FIGURES. THE FORM SHOULD BE FILLED OUT AS MUCH AS POSSIBLE. THE LOAD FIGURES SHOULD BE BASED ON ACTUAL LOAD RATHER THAT WIRE OR FUSE SIZE. COPIES OF MANUFACTURERS LITERATURE (POWER REQUIREMENTS, WIRING DIAGRAMS) MAY ALSO BE ATTACHED AND WILL BE HELPFUL.

SINGLE PHASE VOLTAGE AT JOB SITE ☐ 240V ☐ 480V OTHER_____

APPLICATION (X-RAY, MRI,LASER, TRANSMITTER, ETC.)_____

BRAND_____ MODEL#_____

NOMINAL VOLTAGE_____ VOLTAGE TOLERANCES: MIN_____ MAX_____

MINIMUM LOAD	TYPICAL LOAD	PEAK LOAD
AMPS_____ KW_____	AMPS_____ KW_____	AMPS_____ KW_____
AMPS_____ KW_____	AMPS_____ KW_____	AMPS_____ KW_____
AMPS_____ KW_____	AMPS_____ KW_____	AMPS_____ KW_____

COMMENTS: _____

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DO YOU WANT US TO RESPOND? ☐ FAX ☐ PHONE ☐ EMAIL ☐ U.S. MAIL

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