

CUSTOMER INFORMATION

(*)Marked fields are minimum required

Please add as much information and data as available to speed our process.

*Company Name:

Website:

Main Phone #:

Customer Address

Ship to Address ☐ same as customer address

Alternate Name:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Zip Code:

Country:

*Contact Name:

Send Quote to:

Send Proto to:

Function:

*Phone:

Fax:

*E-Mail:

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TECHNICAL DETAILS

☐ Three Phase Transformer

☐ Single Phase Transformer

☐ Low Frequency Inductor

☐ High Frequency Inductor

☐ Ferro-Resonant Transformer

☐ Current Transformer

☐ Common Mode Choke

☐ High Frequency Switching Transformer

☐ Signal Transformer

☐ Special

Precision P/N:

Part Description Per Customer:

Customer P/N:

Cust. Rev.:

OEM:

OEM P/N:

OEM Rev.:

Spec/Print Available?

Choose File

no file selected

Choose File

no file selected

Choose File

no file selected

Agency Requirements

UL:

IEC:

Mil. Spec:

RoHS

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DOD

☐

ITAR

☐

NDA

☐

PROJECT PROFILE

What stage are
you at in the
project?

Project
Name:

What is the
application?

Est. Production
Start Date:

EAU:

Company's
Main End
Product:

Proto Qty:

Production/Quote Qty:

Quantity
(Release):

Target Price:

Purpose of
Quote:

Quote Need by
Date:

Purpose of
Proto:

Proto Need by
Date:

Who makes the sourcing decision for full production?

Where will
production take
place?

Domestic:

Offshore:

Campaign:

Explain Campaign:

How did you hear
about Precision?

Additional Comments:

*Submitted By (email only):