

CABLE ORDER FORM

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Part 1

Page: _____ of _____



| | | | | |
|---|--|---|---|--|
| A | MAINFRAME END | <input type="checkbox"/> Thermocouple <input type="checkbox"/> Power | B | MOLD END |
| | Number of contacts <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> Other | Number of Zones: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 12 | | Number of contacts <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> Other |
| Insert Amperage <input type="checkbox"/> 10 A <input type="checkbox"/> 15 A <input type="checkbox"/> 30 A | <input type="checkbox"/> 10 A <input type="checkbox"/> 15 A <input type="checkbox"/> 30 A | <div style="text-align: center;"> </div> | | |
| Insert Type <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | Insert Type <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | Insert Type <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Hood Entry <input type="checkbox"/> TOP ENTRY <input type="checkbox"/> SIDE ENTRY | <input type="checkbox"/> TOP ENTRY <input type="checkbox"/> SIDE ENTRY | Hood Entry <input type="checkbox"/> TOP ENTRY <input type="checkbox"/> SIDE ENTRY | Hood Entry <input type="checkbox"/> TOP ENTRY <input type="checkbox"/> SIDE ENTRY | <input type="checkbox"/> TOP ENTRY <input type="checkbox"/> SIDE ENTRY |
| Hood Clamping Type <input type="checkbox"/> SINGLE LATCH <input type="checkbox"/> DOUBLE LATCH | <input type="checkbox"/> SINGLE LATCH <input type="checkbox"/> DOUBLE LATCH | Hood Clamping Type <input type="checkbox"/> SINGLE LATCH <input type="checkbox"/> DOUBLE LATCH | Hood Clamping Type <input type="checkbox"/> SINGLE LATCH <input type="checkbox"/> DOUBLE LATCH | <input type="checkbox"/> SINGLE LATCH <input type="checkbox"/> DOUBLE LATCH |

Custom Cable:
 Contact AcetRONIC for separate order form

| | | |
|---------------------|-----------------------------|------------|
| Customer: _____ | Phone: _____ | Ext. _____ |
| Contact Name: _____ | Instruction/Comments: _____ | |
| P.O. Number: _____ | _____ | |