

Customer questionnaire Connectivity

Company: _____
Contact person: _____
Department: _____
Street address: _____
Postal code, city / town: _____
Telephone: _____
Mail: _____



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Manufacture
Description: _____
Batch sizes / scale quantities: _____ Delivery time / date: _____
Annual requirement: _____

Cable
Name / description: _____
Jacket material: _____ Operating conditions: _____
Jacket color: _____ Length (m): _____
Approvals: _____

Side A

Connectors
Name / description: _____
Supplier: _____
Supplier item number: _____

Machined open end
Name / description: _____
Stepped dimensions / wire lengths: _____
Contacts / connectors: _____
Supplier item number: _____

Cut off smoothly
 labelled not labelled

Side B

Connectors
Name / description: _____
Supplier: _____
Supplier item number: _____

Machined open end
Name / description: _____
Stepped dimensions / wire lengths: _____
Contacts / connectors: _____
Supplier item number: _____

Cut off smoothly
 labelled not labelled

General special features

