

Inquiry Frequency Inverter

Contact person*	Company*
Adress*	Country*
Phone*	Fax
E-Mail*	Date*

Inverter requirements	
Motor spindle type	
Voltage [V]	V <input type="checkbox"/> 48 V <input type="checkbox"/> 70 V <input type="checkbox"/> 230 V
Current max. [A]	A
or	
Power [W]	W <input type="checkbox"/> 300 W <input type="checkbox"/> 400 W <input type="checkbox"/> 600 W <input type="checkbox"/> 1000 W <input type="checkbox"/> 3500 W
Housing version	<input type="checkbox"/> Open version <input type="checkbox"/> Enclosed version <input type="checkbox"/> Table top housing
or	
Protection category	<input type="checkbox"/> IP 00 <input type="checkbox"/> IP 20
Interface to the inverter	<input type="checkbox"/> Analogue <input type="checkbox"/> Serial <input type="checkbox"/> RS232 <input type="checkbox"/> CAN
Remark	
<i>*Mandatory fields (please be sure to complete)</i>	