ORDER FORM	PICODYNAC-AD	FAX TO: 0039 02 66 11 71 63

CUSTOMER DATA

Company : _____

Address : _____

City : _____ Province: _____ CODE : _____ State : _____

Name: _____ Tel: _____

Fax: _____ Email : _____

Technical data requested

1) Mains ☐ singlephase, ☐ threephase, 50 Hz _____ V

2) Threephase motor plate data, 50 Hz

a) nominal voltage _____ V

b) nominal current _____ A

c) nominal power _____HP (_____kW)

d) nominal turns _____ t/1'

e) nominal torque _____ Kos/cm

3) Type of contacts in closing:

_____

5) Other particular features :

_____

_____

6) Request for offer of n. _____ units

Signature

Date _____

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