



**CATALOGUE REQUEST FORM**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

- Interesting to attain a catalogue of:**
- Switching Adapter**
  - Linear Adapter**
  - Open Frame Power Supply**
  - Others**

(Others, please write down specification) \_\_\_\_\_

Please complete the form and fax back to us at (510)623-0529.  
Thank you!