

→ Copy and complete where possible → Add all drawings and information
 → Fax +32 (0)3 355 16 01 or e-mail sales@erea.be clearly stating 'Quotation request'

Product

Application: _____	<input type="checkbox"/> Shield: Yes / No
_____	<input type="checkbox"/> Operational conditions:
_____	<input type="radio"/> Continuous
	<input type="radio"/> Intermittent: _____ (operating / stand-by times)
Type of transformer	<input type="checkbox"/> Maximum ambient temperature: _____ °C
<input type="radio"/> Separating transformer	<input type="checkbox"/> Reversibility: Yes / No
<input type="radio"/> Isolating transformer	
<input type="radio"/> Safety transformer	Electrical characteristics
<input type="radio"/> Autotransformer	Power: _____
<input type="radio"/> Transformer rectifier (filtered / not filtered)	Primary: _____
<input type="radio"/> Stabilised power supply (linear / switching)	<input type="checkbox"/> Voltage: _____
<input type="radio"/> Other: _____	<input type="checkbox"/> Circuit:
	<input type="radio"/> 1 phase
	<input type="radio"/> 3 phase - star
	<input type="radio"/> 3 phase - triangle
	<input type="radio"/> 3 phase - non-coupled
Standards	Secondary: _____
<input type="checkbox"/> EN61558-2-1 (separating transformers)	<input type="checkbox"/> Voltage: _____
<input type="checkbox"/> EN61558-2-2 (control transformers)	<input type="checkbox"/> Circuit:
<input type="checkbox"/> EN61558-2-4 (isolating transformers)	<input type="radio"/> 1 phase
<input type="checkbox"/> EN61558-2-6 (safety transformers)	<input type="radio"/> 3 phase - star
<input type="checkbox"/> EN61558-2-8 (bell transformers)	<input type="radio"/> 3 phase - triangle
<input type="checkbox"/> EN61558-2-13 (autotransformers)	<input type="radio"/> 3 phase - non-coupled
<input type="checkbox"/> EN61558-2-15 (transformers for medical locations)	<input type="radio"/> Other: _____
<input type="checkbox"/> EN60076-11 (power transformers)	Frequency: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 50-60Hz
<input type="checkbox"/> Specific quality labels: _____	<input type="checkbox"/> Other: _____
Features	Vector group: _____
<input type="checkbox"/> Short-circuit resistant: Yes / No	Losses at zero load (max.): _____ W
<input type="checkbox"/> Protection degree: I / II	Losses at full load (max.): _____ W
<input type="checkbox"/> IP code:	Short-circuit voltage: _____ %
<input type="radio"/> Unprotected: IP00	Isolation voltage: _____ kV
<input type="radio"/> Protected: IP20 / IP21 / IP23	Switching current (max.): _____ x I _{nom}
<input type="radio"/> Dustproof and waterproof:	Power factor of the load: _____ cos φ
IP44 / IP54 / IP55 / IP65 / IP67 / IP68	
<input type="checkbox"/> Temperature detection: Yes / No	

Your data

Date _____

Company: _____	Contact person: _____
Address: _____	Position: _____
_____	Telephone: _____
VAT: _____	Fax: _____
	E-mail: _____

Your distributor

Company: _____	Contact person: _____
Address: _____	Telephone: _____
_____	Fax: _____
VAT: _____	E-mail: _____

Product

Connection options	<input type="checkbox"/> Primary:	<input type="checkbox"/> Secondary:	Protection devices
<input type="checkbox"/> Clamps	<input type="checkbox"/> Clamps	<input type="checkbox"/> Primary protection:	<input type="checkbox"/> Safety fuse
<input type="checkbox"/> Bolts	<input type="checkbox"/> Bolts	<input type="checkbox"/> PTC	<input type="checkbox"/> Circuit breaker
<input type="checkbox"/> Wires	<input type="checkbox"/> Wires	<input type="checkbox"/> Bimetal	<input type="checkbox"/> Manually resettable
<input type="checkbox"/> Plugs	<input type="checkbox"/> Plugs	<input type="checkbox"/> Automatic self-resetting	<input type="checkbox"/> Secondary protection:
<input type="checkbox"/> Socket outlets	<input type="checkbox"/> Socket outlets	<input type="checkbox"/> Safety fuse	<input type="checkbox"/> PTC
<input type="checkbox"/> Pins	<input type="checkbox"/> Pins	<input type="checkbox"/> Circuit breaker	<input type="checkbox"/> Bimetal
Options	<input type="checkbox"/> Portable: Yes / No	<input type="checkbox"/> Manually resettable	<input type="checkbox"/> Automatic self-resetting
<input type="checkbox"/> Wheels: Yes / No	<input type="checkbox"/> DIN rail mounting: Yes / No		
<input type="checkbox"/> Tropicalisation: Yes / No	<input type="checkbox"/> Other: _____		

Commercial

<input type="checkbox"/> Required quantities: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Expected delivery date: _____	