

Telefax

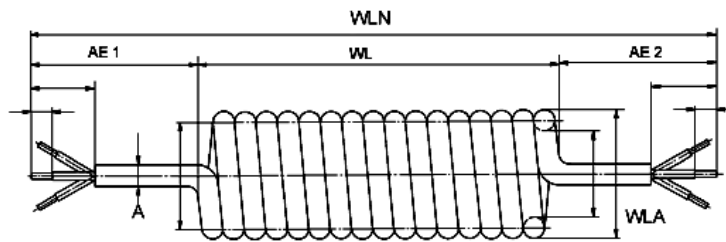
to Baude Kabeltechnik GmbH
Fax No.: +49 5066 7001 84

Inquiry **Purchase order** Date: _____

From _____
Address of head office _____

Telephone number: _____ Fax no.: _____

Contact person / : _____
E-mail _____



Application

Quantity _____

Cable type _____ Colour: _____

Number of cores and cross-section _____

Closed length WL = _____ mm

Extended length AL = _____ mm

Spiral outer diameter WD = _____ mm

Straight end 1 A1 = _____ mm

Dismantled length 1 A2 = _____ mm

Stripped length A3 = _____ mm

Type of plug 1 Type: _____

Type of harness 1 _____

Straight end 2 B1 = _____ mm

Dismantled length 2 B2 = _____ mm

Stripped length 2 B3 = _____ mm

Type of plug 2 Type: _____

Type of harness 2 _____