

Fax Your Custom Enclosure Inquiry To:

DESIGNED SYSTEMS, INC.

Fax No. (859) 426-0770

**P.O. BOX 515
Florence, Ky. 41022-0155
Phone No. (859) 426-5832**

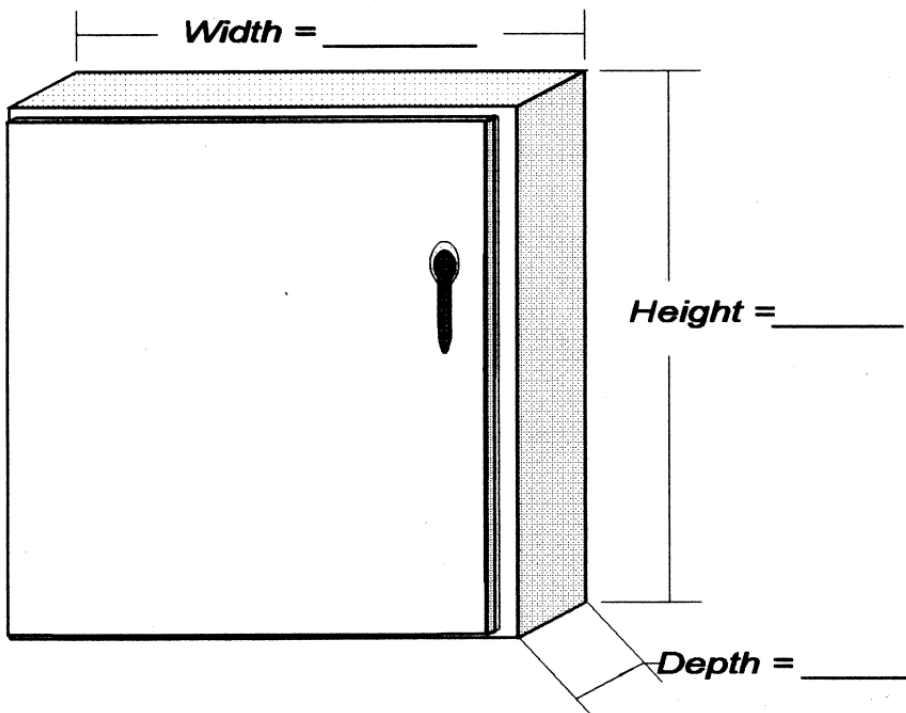
Distributor: _____ Salesman: _____ Phone: _____ Fax: _____

Company:	Contact:	Inquiry Date:
Address:	City/State:	Phone No:
		Fax No:

Please provide Qty. _____ Enclosures to the following Specifications:

Enclosure(s) shall be fabricated similar to (Mfg) _____ Cat # _____
with exceptions and modifications as noted below:

Material	Thickness	Construction	Latch	Style	Finish
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless <input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Manufacturers Standard <input type="checkbox"/> 10 Ga. Steel <input type="checkbox"/> 12 Ga. Steel <input type="checkbox"/> 14 Ga. Steel <input type="checkbox"/> 16 Ga. Steel <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> NEMA 1 <input type="checkbox"/> NEMA 3R <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 12 <input type="checkbox"/> NEMA 13 <input type="checkbox"/> JIC <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Screws <input type="checkbox"/> Clamp Cover <input type="checkbox"/> 3 Point <input type="checkbox"/> Non-lockable <input type="checkbox"/> Padlock <input type="checkbox"/> Keylock <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Screw Cover <input type="checkbox"/> Single Door <input type="checkbox"/> 2 Door <input type="checkbox"/> 2 Door (not available NEMA 4) <input type="checkbox"/> 2 Door w/ Centerpost <input type="checkbox"/> Multi-Door No. of Doors _____ <input type="checkbox"/> Console <input type="checkbox"/> Other _____ _____ _____	Exterior <input type="checkbox"/> ANSI 61 Gray <input type="checkbox"/> None <input type="checkbox"/> Other Mfg: _____ Color: _____ Interior <input type="checkbox"/> White Enamel <input type="checkbox"/> ANSI 61 Gray <input type="checkbox"/> Other Mfg: _____ Color: _____
Disconnects		Sub-Panel		Mounting	
<input type="checkbox"/> None <input type="checkbox"/> Flange Mount Mfg. _____ Mod. No. _____		<input type="checkbox"/> Manufacturers Standard <input type="checkbox"/> 10 Ga. Steel <input type="checkbox"/> 12 Ga. Steel		<input type="checkbox"/> Free Standing <input type="checkbox"/> Wall Mount <input type="checkbox"/> Floor Stand Height _____	



Accessories

Please indicate on the sketch the location of accessories

- Ventilation Louvers
Qty. _____ Size: _____
- Ventilation Fan
Qty. _____ Size: _____
- Interior Fluorescent Light
Mfg _____ P/N _____
- Window Kit
Qty. _____ Size: _____
- Drip Shield
- Side Panel
Qty. _____ Width: _____

Comments & Notes

