CUSTOM HOT RUNNER CABLES

STRAIGHT CABLE ORDER FORM

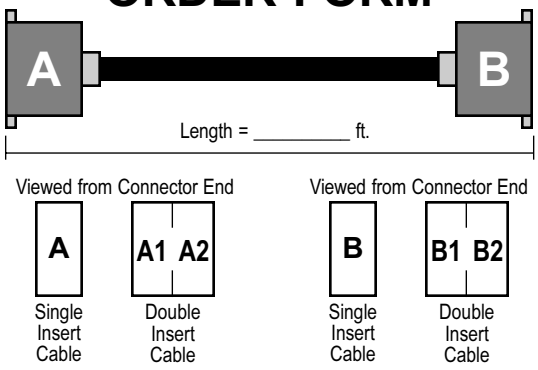
MOLD END

INSERT A (A1)
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT A2 (if required)
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever



MAINFRAME END

INSERT B (B1)
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT B2 (if required)
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever

Y-CABLE ORDER FORM
Y at Mold End

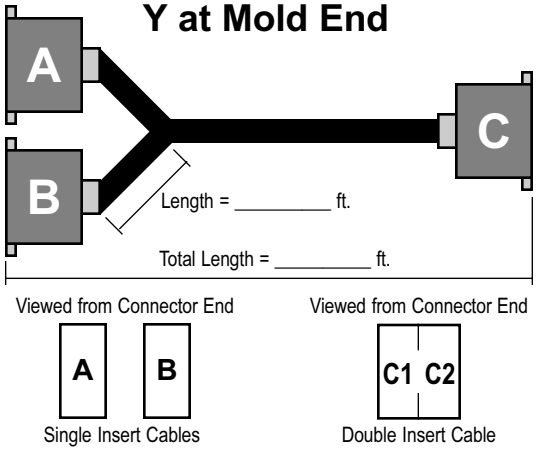
MOLD END

INSERT A
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT B
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever



MAINFRAME END

INSERT C1
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT C2
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever

Y-CABLE ORDER FORM
Y at Mainframe End

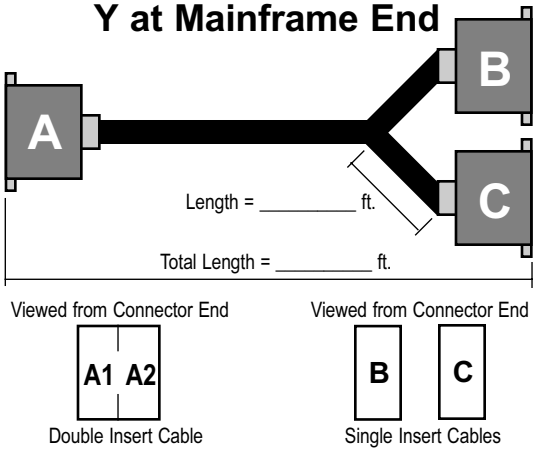
MOLD END

INSERT A1
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT A2
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever



MAINFRAME END

INSERT B
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

INSERT C
Number of Contacts: ❑ 10 ❑ 16 ❑ 24 ❑ 25
Type: ❑ Power or ❑ T/C
Gender: ❑ Male or ❑ Female

HOOD STYLE
❑ Top Entry or ❑ Side Entry

HOOD CLAMP
❑ Single Lever or ❑ Double Lever

COMPANY NAME: _____

YOUR NAME: _____ / AUTHORIZED SIGNATURE: _____

TELEPHONE: (_____) - _____ - _____ P.P.E. SALES PERSON: _____

FAX NUMBER: (_____) - _____ - _____

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