

To use this form, print off this page, fill in the necessary details and fax it directly to us using the number given at the foot of this page.

Please complete a photocopied version of this form and fax it to Alpha-Cure on: **(+44) (0) 1327 263902**

The information that you supply will help us to accurately identify the exact lamp required for your system.

If you would like to speak to a member of our staff about technical details, please phone us on: **(+44) (0) 1327 263900**

Alternatively, visit us on our website to submit an electronic specification to us.

**From:** .....

**Company:** .....

**Name:** .....

**Address:** .....

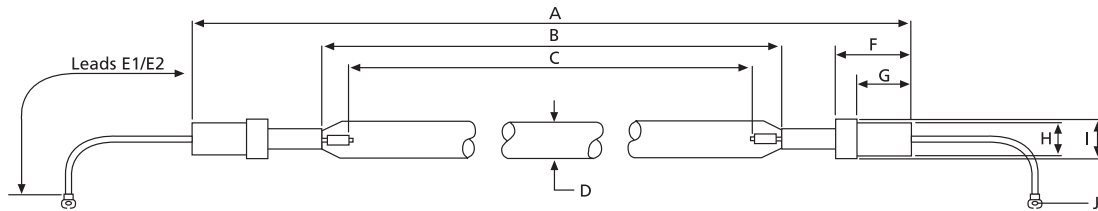
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**Phone:** .....

**Fax:** .....



**UV system manufactured by:**.....

**A:** Total length:.....mm

**B:** Shoulder Length:.....mm

**C:** Arc Length:.....mm

**D:** Diameter: Ø .....mm

**E:** Lead length: E1.....mm E2 .....mm

**Lamp Reference Number:** .....

**F:** .....mm

**G:** .....mm

**H:** Ø .....mm

**I:** Ø .....mm

**Socket:** (Metal / Ceramic) .....

**Electrical Data of the UV-Lamp**

**Lamp Voltage:** .....V

**Lamp Current:** .....A

**Lamp Power:** .....W/cm

**Additional Information:**

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**Telephone: (+44) (0) 1327 263900 | Fax: (+44) (0) 1327 263902**

**E-Mail addresses:**

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