



ANALOG INTERFACES, INC.

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330-821-5800

CUSTOMER DATA ACQUISITION REQUIREMENT

Please fill out this form and attach it to an email to sales@analoginterfaces.com or FAX it to 330-821-7625. We will respond to you as to how our Black Lab product meets your testing requirements. This sheet will enable us to quickly determine your needs.

Name: _____ Date: _____

Company: _____ Phone: _____

FAX: _____ Email: _____

MY DATA ACQUISITION NEEDS ARE:
(Please fill in with number or check box.)

NUMBER OF ANALOG CHANNELS NEEDED: _____

SAMPLE RATE: MAX _____ TYPICAL _____

SENSOR TYPES & OUTPUT VOLTAGE RANGES: _____

MEASURING TEMPERATURES? Yes _____ No _____ If so, complete below:
TC TYPE: _____ TEMPERATURE RANGE: _____

DIGITAL INPUTS NEEDED: Number: _____ TYPE (basic I/O, freq, etc): _____

LENGTH OF TYPICAL TEST: Minutes _____ or Seconds _____

SENSOR EXCITATION: Not needed _____ Needed _____ Voltage(s) _____

IS PORTABILITY IMPORTANT? Yes _____ No _____

BATTERY OPERATION DESIRED Yes _____ No _____

I WOULD LIKE TO USE: Pocket PC _____ Desktop/notebook _____ Both _____

MY NEED IS: One unit only _____ Multiple units _____ Immediate _____

I AM INTERESTED IN DISCUSSING CUSTOMIZATION Yes _____ No _____

Please add any other notes you think would be helpful to a second sheet.