

Checklist for magnet inquiries

Contact information

company:
department:
street / no.:
postcode / city:
country:

Contact person

name:
e-mail:
phone:
fax:

Delivery and billing address

company:
department:
street / no.:
postcode / city:
country:

quantity:
date of delivery:

Technical specifications

sensor:
material:
air gap(mm):
industry: automotive industry medical
drawing of the application (.stp .igs .dwg .dxf...): please attach
operation temperature(°C):
fixation of the magnet:
dimensions:
magnetisation:

