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Name: _____
Position: _____
Company: _____
Dept.: _____
Street: _____
ZIP / City: _____
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iC-LGC Product Application Form

To enable our best possible application support please specify your interest carefully.
We would highly appreciate you consider all entries mandatory.

Supporting Distributor:

Target Product

Singleturn resolution: _____ bit count

Multiturn resolution: _____ bit count

SSI: _____ BiSS: _____

Others

I/O specification: _____ PLC model: _____

SIL 2: _____ SIL 3: _____

Application focus

- angle measurement _____ yes / no

- positioning _____ yes / no

- drive feedback _____ yes / no

Product Development Timeline

Sampling to customer _____

Pre series and qualification lot _____

Start of mass production _____

Estimated anual usage / year _____

Estimated anual usage / next year _____

Comments:

Date, Signature

Name