



Custom Transformer Survey Form

End User

Company Name _____
Address _____
City _____ State _____ ZIP _____
Contact Name _____
Title _____
Telephone No. _____
Fax _____
E-mail _____

Dealer

Company Name _____
Address _____
City _____ State _____ ZIP _____
Contact Name _____
Title _____
Telephone No. _____
Fax _____
E-mail _____

Please send your responses back to custom@sealersales.com

1. What will the transformer be used for?
2. Do you have pictures of the transformer?
3. What will be the primary voltage?
4. What is the secondary voltage?
5. What is the duty cycle?
6. What is the size of the transformer?
7. The distance of holes of TR supports
8. Diameter of wires?
9. Describe the required Terminals.

Sealer Sales, Inc.

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