CUSTOM PRINTER DEVICES



Custom Printer Device	Request		
Name:	Customer Number:	E-mail Address:	
		Required Response Date:	Order Date:
		Comments/	Older Bate.
		Application Description:	
Mail Stop/ Suite/Building:			
City:	State: Zip:		
☐ Home Address	☐ Business Address	Marada industry attacks and	
Telephone: ()	Fax: ()	If you're including attachments, how many pages will follow?	
Specifications for Cus	tom Printer Device		
INPUT CONNECTORS:		POWER REQUIREMENT:	
□ DB9 Serial	☐ DB25 Parallel	☐ Interface Powered	□ DC-Powered
☐ 36-Pin Centronics® Parallel	□ DB25 Serial	☐ External AC-Powered	_ Bo Toworda
OUTPUT CONNECTORS:		ENCLOSURE:	
□ DB9 Serial	☐ DB25 Parallel	☐ Custom Enclosure	☐ Custom Mounting Requirements
☐ 36-Pin Centronics Parallel	□ DB25 Serial	(Attach sketch)	(Attach sketch)
SERIAL BAUD RATES:		MODIFICATION:	
☐ 1200 bps	☐ 19.2 kbps	☐ Modifying a Black Box product?	
☐ 2400 bps	□ 38.4 kbps	Item Code:	
☐ 4800 bps	☐ 57.6 kbps	Modification:	
☐ 9600 bps			
CENTRONICS PARALLEL:			
☐ Bidirectional	□ Unidirectional		
BUFFERING:		MANUFACTURER/PART NUMB	FR/OLIANTITY:
□ <1 MB	□ 8 MB	Manufacturer:	
□ 1 MB	□ 16 MB		
□ 2 MB	☐ Other:		
□ 4 MB		,	
INPUT PORTS:		OTHER INFORMATION:	
□1	□ 10	Please indicate any other special requ	irements:
□ 2	□ 12		
□ 4	□ Other:		
□8			
OUTPUT PORTS:			
□1	□ 4	When endering whee	on convend attach this
□2	☐ Other:		se copy and attach this orm on the next page.
□ 3		ionni to our Gradi i d	on the next hader
Attach a second sheet with a sketch a	nd any other necessary information.	Than	k you!

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Order Form

☐ Request for Quote Only

4 Easy Ways to Order: 1. Phone	3. On-Line		
2. Fax	4. Mail		
Please print			
Billing Address:	Shipping Address (if different than Billing Address:)		
Name:	Name:		
Title:	Title:		
Company:	Company:		
Purchase Order No.:	Purchase Order No.:		
Address or P.O. Box:	Address or P.O. Box:		
Mail Stop/Suite/Building:	Mail Stop/Suite/Building:		
City: State: Zip:	City: State: Zip:		
☐ Home Address ☐ Business Address	☐ Home Address ☐ Business Address		
Telephone: () Fax: ()			
E-mail:	E-mail:		
Shipping Instructions:	Shipping Instructions:		
	Subtotal		
Payment Options			
☐ Bill My Existing Account: Cust. No.: ☐ Check Enclosed ☐ Other:	Shipping * PA Customers: Add 6% sales tax to Subtotal and		
☐ Charge My Credit Card (all major credit cards accepted):	Shipping.		
Cardholder's Name:	Credit Card Type:		
Address or P.O. Box:			
City: State:	Zip:		
Credit Card Number	Thank		
Expiration Date Month Year	Thank you!		

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