

# CUSTOM SERVSWITCH



## Custom ServSwitch Reques

Name: _____	Customer Number: _____	E-mail Address: _____
Title: _____		Required Response Date: _____
Company: _____		Order Date: _____
Address or P.O. Box: _____		Expected Quantity: _____
Mail Stop/Suite/Building: _____		Comments/ Application Description: _____
City: _____	State: _____	Zip: _____
<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address	
Telephone: ( ) _____	Fax: ( ) _____	If you're including attachments, how many pages will follow? _____

## Specifications for Custom ServSwitch

Black Box Custom Services helps our customers solve their unique connectivity problems. Completing this specifications form will help you describe the switch you need. Mail or fax the form back to us, along with any attachment that might help in the design. Experience the Black Box Custom Services difference! Need Help? Contact Technical Support at **724-746-5500**.

### PLATFORMS SUPPORTED:

- IBM® PC or compatible
- Macintosh®
- Sun®
- Multiplatform (Specify): \_\_\_\_\_
- Other: \_\_\_\_\_

### ENCLOSURE:

- Standalone
- Rackmount

### CABLING:

- Modified Cabling
- Modification: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### CUSTOM DIMENSIONS:

- Yes
- No
- (If yes, specify in diagram below)

### NON-STANDARD INPUT/OUTPUT DEVICES:

- Yes (Specify)
- \_\_\_\_\_
- \_\_\_\_\_

### NUMBER OF PORTS:

- 2
- 12
- 4
- 16
- 8
- Other: \_\_\_\_\_

### EXTRA EMI/RFI PROTECTION:

- Yes
- No

### NUMBER OF USERS: \_\_\_\_\_

### ON-SCREEN MENUS:

- Yes
- No

### SECURITY FEATURES:

- Hardware Lockout from Terminal
- Other: \_\_\_\_\_

### POWER SUPPLY:

- 115 VAC
- 230 VAC
- 48 VDC
- Redundant Power Supply

## Application Diagram

Provide a sketch.

### AUDIO SUPPORT:

- Yes
- No

### MODIFICATION:

- Modifying an existing BLACK BOX® ServSwitch?
- Part Number: \_\_\_\_\_
- Modification: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**When ordering, please copy and attach this form to our Order Form on the last page.**

# Thank you!

# CUSTOM SWITCHES



## Custom Switch Reques

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Title: _____	Required Response Date: _____	Order Date: _____
Company: _____	Comments/ Application Description: _____	Expected Quantity: _____
Address or P.O. Box: _____		
Mail Stop/ Suite/Building: _____		
City: _____	State: _____	Zip: _____
<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address	
Telephone: (    ) _____	Fax: (    ) _____	
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### SWITCH OPERATION:

- Manual       Electronic  
 Other: \_\_\_\_\_

### NUMBER OF POSITIONS:

Example: 2-1, 3-1, etc. \_\_\_\_\_

### LOCKABLE SWITCH:

- Yes       No  
 Number of Keys: \_\_\_\_\_

### INTERFACE TYPE:

- DB25       DB9  
 DB15       HD15  
 36-Pin Centronics®       RJ-11 (4-Wire)  
 RJ-11 (6-Wire)       RJ-45 (8-Wire)  
 RJ-45 (10-Wire)       M/50  
 Coax       Twinax  
 M/34 (V.35)       50-Pin Berg  
 Other: \_\_\_\_\_

### ENCLOSURE:

- Standalone       Rackmount

### CUSTOM DIMENSIONS:

- Yes       No  
 (If yes, specify in diagram below)

### EMI/RFI ENCLOSURE:

- Yes  
 (Plastic, if not specified)

### WIRING CONFIGURATION:

- Straight-Through Pinning  
 Mixed Connectors (Must specify pinning)

Example:

DB25 to DB9  
 1 ..... 2  
 5 ..... 7  
 20 ..... 9

### CUSTOM DIP SWITCH SETTINGS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fill in diagram below if needed.

### Application Diagram

Provide a sketch.

### MODIFICATION:

- Straight-Through Pinning  
 Modifying a Black Box Product?  
 Part Number: \_\_\_\_\_  
 Modification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**When ordering, please copy and attach this form to our Order Form on the next page.**

*Thank you!*

<b>4 Easy Ways to Order:</b> 1. <b>Phone</b> 2. <b>Fax</b>	<b>3. On-Line</b>
	<b>4. Mail</b>

**Please print**

**Billing Address:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

Address or P.O. Box: \_\_\_\_\_

Mail Stop/Suite/Building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Address       Business Address

Telephone: (    )                      Fax: (    )

E-mail: \_\_\_\_\_

Shipping Instructions: \_\_\_\_\_

**Shipping Address** (if different than Billing Address:)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

Address or P.O. Box: \_\_\_\_\_

Mail Stop/Suite/Building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Address       Business Address

Telephone: (    )                      Fax: (    )

E-mail: \_\_\_\_\_

Shipping Instructions: \_\_\_\_\_

Product Code	Product Name (If ordering cables, please specify length and gender.)	Qty.	Unit Price	Total

**Payment Options**

Bill My Existing Account: Cust. No.: \_\_\_\_\_

Check Enclosed     Other: \_\_\_\_\_

Charge My Credit Card (all major credit cards accepted):

Cardholder's Name: \_\_\_\_\_                                      Credit Card Type: \_\_\_\_\_

Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number:

Expiration Date:   /    
 Month                      Year

Subtotal	
Shipping	
PA Customers: Add 6% sales tax to Subtotal and Shipping.	
<b>Total Order</b>	

*Thank you!*

*In a Hurry? We Offer  
**SAME-DAY Shipping!***