

CALL REGISTRATION SIGNAL UNIT

Company Name _____

Address _____

City _____ State ____ Zip _____

Date _____ Company Rep. _____

Phone _____ Cell _____ Fax _____

E-mail _____ E-fax _____

MODEL CR

Building Name							
Controller Type							
No. of Cars			Front Openings			Rear Openings	
<input type="checkbox"/> Simplex		<input type="checkbox"/> Duplex		<input type="checkbox"/> Triplex		<input type="checkbox"/> Group	
Acknowledging Signals needed for: <input type="checkbox"/> Car <input type="checkbox"/> Hall							
C.O.P./Hall Fixture Volts: <input type="checkbox"/> 120 VAC				How many landings?			
OPTIONS:							
Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No							

**COMPLETE FORM AND FAX TO 954-933-4185
OR**