

## STEPPER REPLACEMENT

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Date \_\_\_\_\_ Company Rep. \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-fax \_\_\_\_\_

## MODEL 722

Building Name		
Controller Type		
No. of Cars	No. of Banks	No. of Landings
Present Stepper Coil Voltage	OPTIONS: Cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No	Are original job prints available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a digital set of final prints? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please choose how you wish to receive the .pdf file: <input type="checkbox"/> Link to download <input type="checkbox"/> Disc	

**COMPLETE FORM AND FAX TO 954-933-4185**  
**OR SAVE THE FILE AND SEND AS AN ATTACHMENT TO SALES@ELECTRODYN.COM**