

## UNINTENDED MOTION DETECTOR & CONTROL

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date \_\_\_\_\_ Company Rep. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ E-fax \_\_\_\_\_

### MODEL UMDC

Building Name							
Contract No.							
Controller Type (Manufacturer)				Please select one: <input type="checkbox"/> Geared traction <input type="checkbox"/> Gearless traction <input type="checkbox"/> Drum			
Type of Safety Brake?				No. of Cars		Is Job Print Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you use our Transformer or purchase elsewhere? <input type="checkbox"/> Electrodyn Transformer/Fuse Kit <input type="checkbox"/> Elsewhere				Mainline Voltage. Specify:			
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			
<input type="checkbox"/> Simplex		<input type="checkbox"/> Duplex		<input type="checkbox"/> Triplex		<input type="checkbox"/> Group	
Please indicate specifications below:							

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