|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title: |   | Date: |   |
| Company: |   | Phone: |   |
| Address: |   | E-mail: |  |
| City/State/Zip: |   | **Final Application:** |   |

**Capacitor Charger Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| **Output Voltage** |  | **Communication**  | Ethernet / RS232 / Optical Links / Analog Signals |
| **Output Current** |  | Working frequency |  |
| **Output Power (kJ/s)** |  | **Repetition Rate** |  |
| **Output Polarity** |  | Charge Time |  |
| **Input Voltage** |  | Hold Time  |  |
| If AC: Input phases (1 or 3) |  | Discharge time |  |
| **Current Regulation**  | Yes / No | Capacitor Value  |  |

Please include charging profile information if available:



Comments / further description of the system: