

PULSE TRANSFORMER

Design Input Form

Contact Information

<input type="text"/>		<input type="text"/>	
First Name *		Last Name *	
<input type="text"/>			
Company Name *			
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address		City	State
<input type="text"/>		<input type="text"/>	
Email *		Phone Number *	

Product Information

<input type="text"/> (Volts)	<input type="text"/> (Hz)	<input type="text"/> (seconds)	
Input Voltage *	Pulse Repetition Rate *	Pulse Duration *	
<input type="text"/> (V-uSec)	<input type="text"/> (%)	<input type="text"/>	<input type="text"/> (uH)
Volt-Time Constant	Duty Cycle	Power Rating	W VA Primary Inductance
<input type="text"/> (VA)	<input type="text"/> (volts)	<input type="text"/> (volts)	
Number of Secondaries	Output Voltages - Secondary 1	Output Voltages - Secondary 2	
	<input type="text"/> (Amps)	<input type="text"/> (Amps)	
	Output Current - Secondary 1	Output Current - Secondary 2	
<input type="text"/> (Amps)	<input type="text"/> (°C)		
Peak Primary Current	Operating Temperature		
<input type="text"/>	Vac	Vdc	<input type="text"/> (seconds)
HIPOT	Duration		
Mounting	Thru-Hole	Surface Mount	
(select one)	Other		

Quantities to Quote

Additional Comments/Information: