



REQUEST FOR QUOTATION

Clamp Selector Form

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Burlington, Ontario
L7L 5R6

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www.ictpower.com
Tel: (905)631-8494
Fax: (905)631-8495

Company Name: _____
Street: _____
City: _____ Province: _____
Country: _____ Postal Code: _____

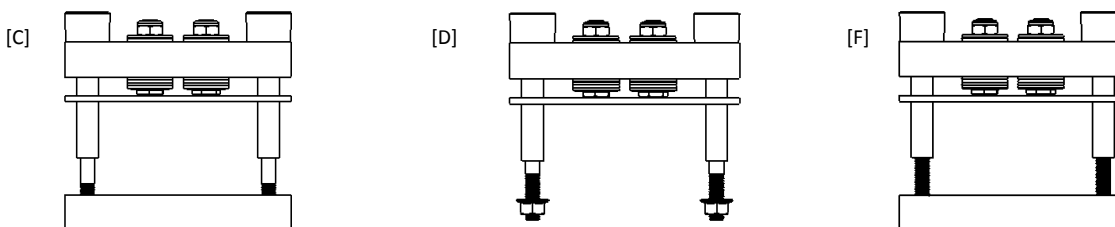
Contact Name: _____
Telephone: _____
Fax: _____
Email: _____

Device Information

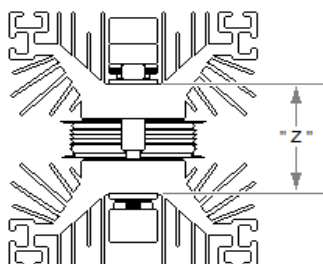
SCR or Diode Part Number: _____ Heatsink Type: _____
Device Manufacturer: _____ Heatsink Manufacturer: _____
Current Clamp Part Number Used: _____ Annual Usage: _____
Current Clamp Manufacturer: _____

Clamp Information

Clamp Style



Clamp Dimensions



"Z" Dimension _____ in _____ mm
Bolt Centres _____ in _____ mm
Mounting Force _____ lbs _____ kN
Device Height _____ in _____ mm
Flange Dimensions _____ in _____ mm

Clamp Style Preferred

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Additional Information
