



Print and fax to:
(760) 471-4970
Attn: Falmat Sales

CUSTOM CABLE REQUEST FORM

Company: _____ Ph: _____
Address: _____ Fax : _____
City & State: _____ Email: _____
Contact: _____

P/N: _____
Desc.: _____

Footage: _____ Cont. Lengths: _____ Multiples: _____ X _____ ft

Application: _____

Number of conductors, AWG size: _____

Specific components, coax, impedance, twisted pairs, triads, fibers?: _____

Insulation preferred: _____

Voltage: _____ Temperature range: _____
Shielding Overall: _____ Individual shields: _____

Environment: _____

Breaking Strength: _____ Working Load: _____
Mechanical Armor: _____

Underwater: _____ Depth: _____ Duration hr/day/mo./yrs: _____
Water Blocking: _____

Flex Status: Non- Flex _____ Min flex _____ Moderate Flex _____ Cont. flex _____
Mini bend radius: _____ Cycles: _____

Outer Jacket: _____ Molded Termination?: _____
Preferred Diameter: _____