

CUSTOM PRINTER DEVICES



Custom Printer Device Request

Name: _____	Customer Number: _____	E-mail Address: _____
Title: _____	Required Response Date: _____	Order Date: _____
Company: _____	Comments/ Application Description: _____	
Address or P.O. Box: _____	_____	
Mail Stop/ Suite/Building: _____	_____	
City: _____	State: _____	Zip: _____
<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address	
Telephone: () _____	Fax: () _____	If you're including attachments, how many pages will follow? _____

Specifications for Custom Printer Device

INPUT CONNECTORS:

- DB9 Serial DB25 Parallel
 36-Pin Centronics® Parallel DB25 Serial

OUTPUT CONNECTORS:

- DB9 Serial DB25 Parallel
 36-Pin Centronics Parallel DB25 Serial

SERIAL BAUD RATES:

- 1200 bps 19.2 kbps
 2400 bps 38.4 kbps
 4800 bps 57.6 kbps
 9600 bps

CENTRONICS PARALLEL:

- Bidirectional Unidirectional

BUFFERING:

- <1 MB 8 MB
 1 MB 16 MB
 2 MB Other: _____
 4 MB

INPUT PORTS:

- 1 10
 2 12
 4 Other: _____
 8

OUTPUT PORTS:

- 1 4
 2 Other: _____
 3

POWER REQUIREMENT:

- Interface Powered DC-Powered
 External AC-Powered

ENCLOSURE:

- Custom Enclosure (Attach sketch) Custom Mounting Requirements (Attach sketch)

MODIFICATION:

- Modifying a Black Box product?

Item Code: _____

Modification: _____

MANUFACTURER/PART NUMBER/QUANTITY:

Manufacturer: _____

Part Number: _____

Quantity: _____

OTHER INFORMATION:

Please indicate any other special requirements: _____

When ordering, please copy and attach this form to our Order Form on the next page.

Thank you!

Attach a second sheet with a sketch and any other necessary information.

