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Date _____

Extractor Design Sheet

Please fill in the appropriate information & dimensions for your application and fax to (760) 727-3957. After we receive your requirements, we will provide you with a written quotation and drawing.

Name _____ Title _____

Company _____ Address _____

Tel No. _____ Ext. No. _____ Fax No. _____

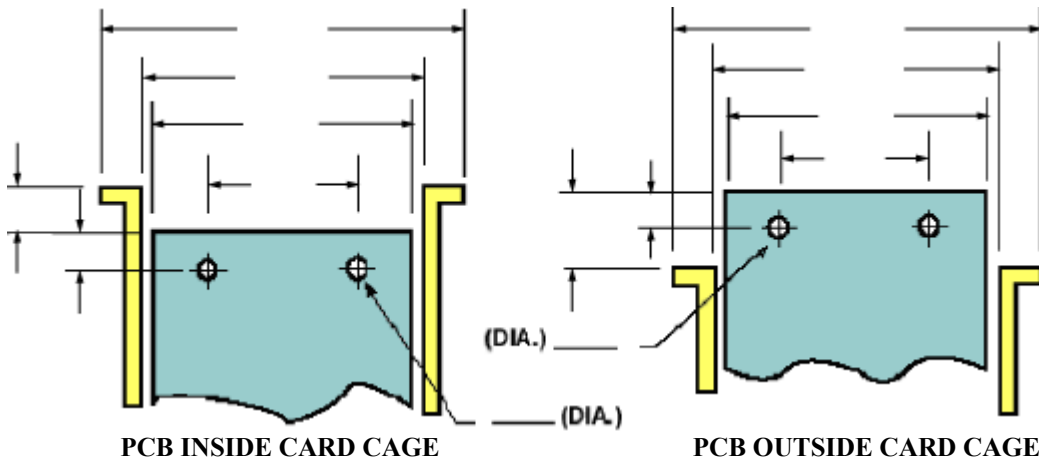
Quantity Req'd _____

Type of Connector _____ Extractor Force (if known) _____

Thickness of Card _____ Special Markings? _____ Please note at bottom of page.

Mil Spec. (if any) _____ Material preference i.e., CRES vs. CRS _____

Please fill in the dimensions using one of the diagrams that depicts your situation.



Please fill in the diagram to the right. This side view of the PCB assists us in selecting the optimum pick up pin size.



Additional information:
