

LESMAN
Instrument Company
www.lesman.com

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 Milwaukee Area Office Phone: 800-837-1700
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 E-mail: sales@lesman.com

Contact: _____ Ext. _____

Name: _____
 Company: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____
 E-mail Address: _____
 This is a: Request for Quote Order: PO# _____
 Quantity Needed: _____ Date Required: ____/____/____
 Shipping Method: _____ Partials Accepted: Yes No

SIEMENS Instruwatch
Order Form/Datasheet

Purchase Order Number: _____

Contacts	Billing	Shipping	Technical
		<input type="checkbox"/> Same as Billing	<input type="checkbox"/> Same as Billing <input type="checkbox"/> Same as Shipping
Company _____	_____	_____	_____
Contact Name _____	_____	_____	_____
Address _____	_____	_____	_____
City/State/Zip _____	_____	_____	_____
Country _____	_____	_____	_____
Phone _____	_____	_____	_____
Fax _____	_____	_____	_____
E-Mail _____	_____	_____	_____
Cell/Mobile _____	_____	_____	_____
Pager _____	_____	_____	_____

Application and Service Information:

Are You a New Instruwatch Customer? Yes No
 If Yes, Item IW51025051 (\$250.00) Will Be Added to the Order.

Syteline Customer Number: _____

Existing Instruwatch Customer: Client ID Number: _____

Do You Require Onsite Training and Setup? Yes No
 (Regular Field Service Hourly Rates Will Apply.)

Application: _____

Plan Type (Choose a Plan with More Transmissions/Notifications than You Expect to Use):

	Transmissions/ Notifications	Catalog Number	Annual Charge
<input type="checkbox"/> Plan A	30/60	IW51025069	\$120.00
<input type="checkbox"/> Plan B	60/120	IW51025070	240.00
<input type="checkbox"/> Plan C	120/240	IW51025071	480.00
<input type="checkbox"/> Plan D	240/480	IW51025072	960.00

Check the Corresponding Fields Below for Each Input that Will Be Used on Instruwatch (Select Only One for Each Input):

Service Plan Selection:

Expected Number of Alarm Transmissions per Month (Enter 30, 60, 120, or 240): _____

Expected Number of Health Checks per Month (Enter 30, 4, or 1): _____

Total Transmissions per Month: _____

	4-20 mA	0-5V	0-5 mV	NO	NC	Accumulator
Input 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
Input 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
Input 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
Input 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
Input 5	—	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Count
Input 6	—	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reset

Note: Inputs 1-4 = 1 Transmission; Inputs 5-6 = 1 Transmission; Inputs 1-6 = 2 Transmissions.