

EMERGENCY INVERTER 1-2-3 RFQ

Name: Emergensee Rep Agency: Email: Quantity:			Date:
			one #:
		Installation Zip Code:	
What is the system capacity? KVA Rating:		System series type:	
2. Consider loads p	oower factor. m can run with 100% load, it is reco		t the lamp wattage (ie. ballast consumption). use a system with a capacity at least 20%
Input Voltage?	Single Phase:	Phase:	Hertz:
	Three Phase:		
Output Voltage?	Single Phase:	Output Circuit Breakers (ch	eck one):
	Three Phase:	Q	uantity:
Type of Loads?	Incandescent:	V	Amps:
	Fluorescent:	·	
	H.I.D.:	Emergency Mode? 90-m	ninutes:
Other:			Other:
Options?		Indoor or Outdoor Unit(s))? (check one): Indoor Outdoor
10-year sealed	lead batteries:		
20-year sealed lead batteries:		Manufacturer:	
Maint. Bypass Switch:		Model:	
Aux	kilary Breakers:	Part #:	
Number voltage	s on the output		

OFFICE: 215-512-8100 | FAX: 267-288-5604

Email ALL RFQ forms to quotes@emergenseelight.com

INVERTER RFQ MAY TAKE UP TO 12 HOURS