

CUSTOMER: _____

W.O.# _____

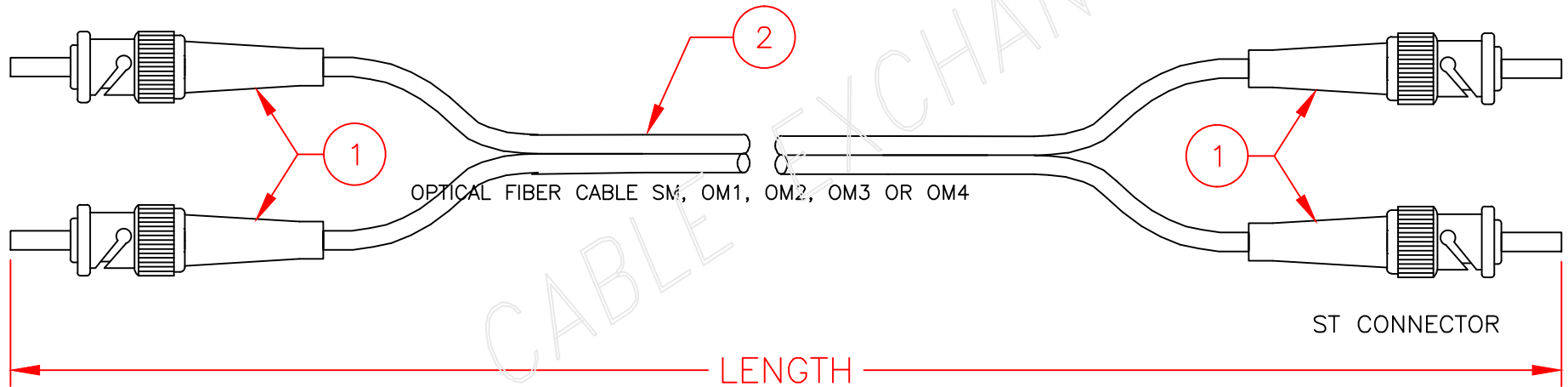
SALES REP: _____

DUE DATE: _____

REVISIONS				
ZONE	REV.	DESCRIPTION	DATE	APPROVED

QTY: _____


LENGTH: _____



CABLE EXCHANGE

ITEM	QTY	MFR	PART NUMBER AND DESCRIPTION
1	4	ANY	ST CONNECTOR SINGLEMODE OR MULTIMODE
2	A/R	ANY	OPTICAL FIBER CABLE SM, OM1, OM2, OM3 OR OM4
3			
4			
5			

DRAWN	DATE
CHECKED	
APPROVED	
MARKT APP	
CUSTOMER:	

CABLE EXCHANGE 

3008 S. CRODDY WAY, SANTA ANA, CA 92704

STST SM OR MM

DRAWING NO. # _____

FILE NO. _____

SHEET: 1 OF 1