

FOR INTERNAL USE
APPROVED BY _____

Fancort Industries, inc.

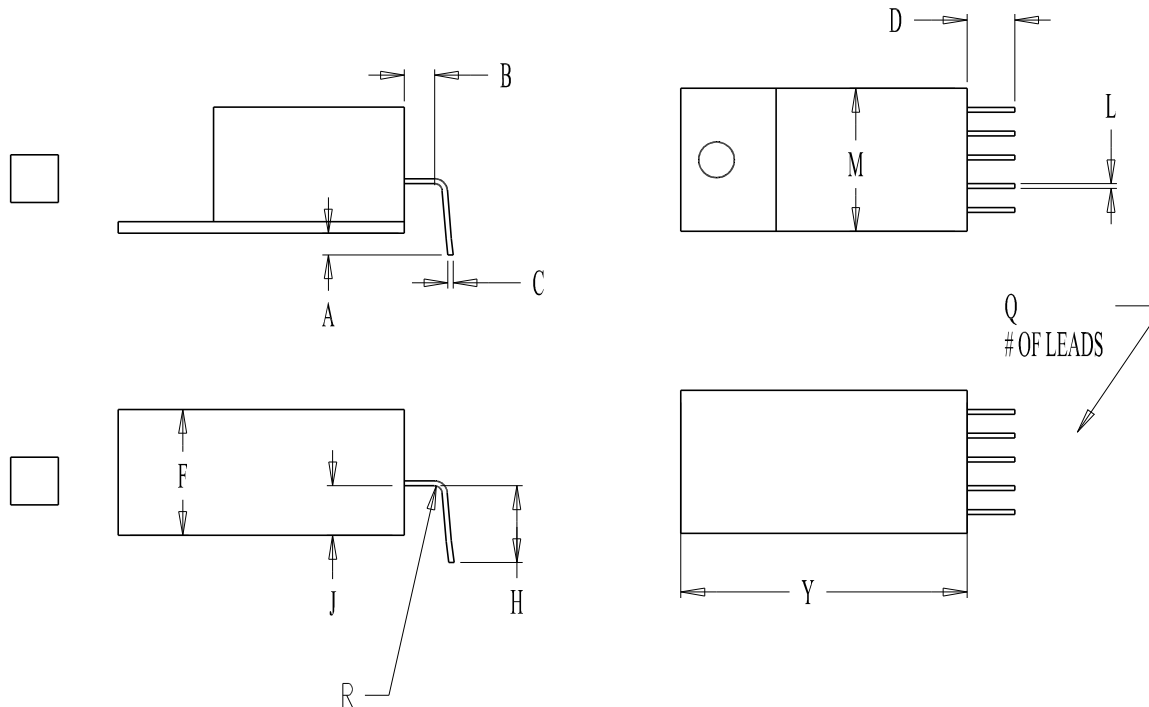
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QCP-LFS10

JOB NUMBER _____
CUSTOMER _____
PART # _____
DATE _____

ONE SIDED SPECIFICATION SHEET THRU-HOLE APPLICATION

INSPECTED BY _____



| | CUSTOMER REQUIREMENT | +/- |
|---|----------------------|-----|
| A | | |
| B | | |
| C | | |
| D | | |
| F | | |
| H | | |
| J | | |
| L | | |
| M | | |
| Y | | |
| R | | |
| Q | | X |

CUSTOMER SIGNATURE &
DATE FOR ACCEPTANCE _____

CONTROLLING UNITS ARE [METRIC] INCHES

LEADS TINNED _____

PACKAGE TYPE _____

TOE DOWN _____ TOE UP _____