

Bulk Metal[®] Foil Technology Complete and FAX to 610-640-4487

Name _____ Position _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ FAX _____
 E Mail _____

Hand draw your schematic here or attach drawing:

Indicate the reference resistor(s) as well as pairs or sets.																			
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Package Vishay Model Number _____
 Hermetically Sealed (If Applicable) Yes No
 Temperature Range (°C) _____
 Your Part Number _____

Shaded area for Vishay use.
 Vishay Assigned Part Number _____
 Vishay Applications Engineer _____

Resistor Number	Resistor Value	Absolute Tolerance %	Ratio Tolerance %	Absolute TCR ppm/°C	Tracking ppm/°C	Load Life Stability Ratio %	Maximum Voltage Volts	Maximum Power Watts

Vishay standard specifications will be used for any non-specified requirement.