HomeAvCables.com

ONE STOP FOR ALL YOUR CABLE NEEDS!

1. **Enter your contact information**:

Name:_____

Phone: _____

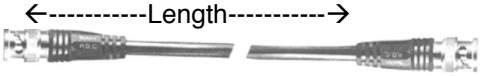
Company:_____ Fax: _____

Address: _____ E-mail: _____

City: _____ State:_____ Zip: _____

2. **Fill in the appropriate blanks**

❑ Coaxial Cable
←----------Length----------→



❑ Modular Cable
<----------Length---------->

❑ Data/Video Cable
<----------Length---------->

❑ Custom Modular Adapter

Connector A	**Connector B**
Gender: ❑Male ❑Female	Gender: ❑Male ❑Female
Connector Type: _____	Connector Type:_____

Cable Length: _____

Cable Type: _____

Quantity: _____

Initial Order Quantity: _____

Estimated Annual Usage: _____

Other Requirements: _____

We recommend that you make copies of this form and Fax to: 972-241-9217

Toll Free 866-302-9989 Hours: Mon-Fri 9am-5pm Central
Email: **sales@homeavcables.com**

3. Wiring diagram here:

Conn. A	**Conn. B**

Please Fax To:

972-241-9217