

Please use this application to assist us in specifying your **Charger Requirements**.

We will reply to you with our solution asap. Please return via fax: 847-965-9846; or email the completed form: sales@howlandtechnology.com

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Email: _____

Project Description: _____ EAU: _____

SPECIFICATION

Battery Type: Lead Acid _____ AGM _____ Gel _____ Lithium Ion _____ Other _____

Number of Batteries in Series: _____

Number of Batteries in Parallel: _____

Battery Model: _____

C/20 AH Rating of Single Battery: _____

Battery Pack Voltage: _____ V

Charge Time Requirements: _____ Hr.

Battery pack Condition: New _____ Used _____

If Used, Voltage of Pack: _____ V

Required for Lithium Ion Inquires

*** WILL BE EVALUATED ONLY AFTER LITHIUM VAIVER IS PROCESSED ***

Does the Pack Have a BMS: Yes _____ No _____

How does the BMS communicate to charger: CAN open _____ Resistive _____ Other _____

** If "Other" please provide datasheet and wiring schematic of BMS **

Does the MBS need to enable or disable option: Yes _____ No _____

Number of Cells in Series: _____

Number of Cells in Parallel: _____

Target Voltage per Cell (Will be Unique Depending on Application) _____ V +/- _____

V Ex. Target voltage per cell: 4.15V +/- 0.05V. Allows for more charging options.