

HIRE ENQUIRY FORM

COMPANY NAME:\*

COMPANY REGISTRATION NO:\*

ADDRESS:\*

CONTACT\*

EMAIL ADDRESS:\*

TEL NUMBER:\*

ESTIMATED DATE OF HIRE: \*

TESTER MODEL REQUIRED\*

- DSX-5000
- DSX-5000 OQI
- DSX 5000 QI
- CFP-100-Q-INTL
- CFP-100-Q-INTL/I
- OFP-100-Q
- OFP-100-QI
- FI-7000-INTL
- FI-7000-INTL/MPO
- FSM-70S

TRY IT BUY IT\*

- DSX-5000
- DSX-5000 QI
- OFP-100-Q
- FI-7000-INTL

\* Required