



ALLTRAX Inc.
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OEM APPLICATION FORM

Privacy Statement: The information provided here is for internal use only and will not be disclosed outside Alltrax company personnel. The information is used to determine the relationship between Alltrax and customer, product features required, and to set up and/or approve the OEM client (as an Original Equipment Manufacturer).

Date: _____
Company: _____
Contact Name: _____
Phone: _____ **FAX:** _____
Web Site: _____
Email Address: _____

BILLING ADDRESS

Address: _____
City: _____ **State:** _____ **Zip:** _____
Country _____ **Attention to:** _____
Phone: _____ **FAX:** _____ (Country code?)

SHIPPING ADDRESS

Same as above
Address: _____
City: _____ **State:** _____ **Zip:** _____
Country _____ **Department:** _____
Phone: _____ **FAX:** _____ (Country code?)

1. Shipping: Please describe what factory locations these products are shipped to - dropped shipped to other manufacturing facilities or all shipped to one location?
 Shipped to one factory location
 Shipped to multiple locations. (A separate OEM form may be needed for each factory location to properly enter their information into our shipping and accounting data base)
2. Do you have dealer networks that repair and replace components? Yes No
> If you answered YES – there are two additional questions:
 - a. Will new and replacement units need to be shipped to those locations? Yes No
 - b. Are these dealer locations United States only or International?
3. What percentage of your business is conducted over the internet? _____%
4. Financial Information – Do you intend to purchase by: Pre-pay Open Account (Credit references are required)



Application Information:

- What kind of electric vehicle (or other electric motor application) business will the Alltrax controllers be used for? Select all those that apply:
 - Sell used or rebuilt EV cars (Including golf cars and people carriers)
 - Neighborhood Electric Vehicles (NEV Less than 25mph)
 - Rebuild Performance EV Cars (faster than 25 mph)
 - GAS to EV conversion (Remove internal combustion engine and replace with electric)
 - New Original Equipment Manufacturer (manufacturer and assembly of products sold)
 - Industrial or process equipment
 - Mining equipment
 - Marine (recreational and commercial)
 - Other: _____
- Approximately how many vehicles (cars or equipment) are built and sold per year _____ total.
- Are you currently using or replacing an electric motor controller product made by another manufacturer? Yes No
If Yes – which model are you using? Manufacturer: _____ Model: _____. (This information may cross to a direct existing Alltrax model number)

Your VEHICLE (or equipment) information:

This information is used to cross reference the type of controller needed for your application, documentation, software configuration, etc. If multiple models are needed for multiple cars or platforms, please check **Multiple versions**

VEHICLE: Factory (Stock) OEM Car or Non-factory (Stock) Car: (Fill out below)

Stock: Make: _____ Model _____ (e.g. EZ-Go Golf car, 2002, PDS)

MOTOR: Series Wound Shunt Wound (Sep Excited) Permanent Magnet (brushed commutator)

Motor Mfg: _____ Motor Model: _____

Motor design: Stock Factory OEM High Speed design Torque design

BATTERY: Voltage (Vdc): 12V 24V 36V 48V 72V Other (Between 12-72V _____)

Charger manufacturer and Model number used: _____
(Provides us information regarding maximum finish voltage, charge rates, etc.)

CONTROLLER: Number of controllers used on each vehicle / application? 1 2 3 4

Special Requirements:



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Electric motor CONTROLLER information

Fill out this information if you know your configuration – Alltrax technical department can work closely with you on how best to set up your controller program. The units can be factory pre-programmed using these settings – with your label information.

(If unknown – leave blank, we will work with you to complete)

INTERLOCKS: <input type="checkbox"/> High Pedal Disable First time power up - Throttle must return to OFF before applying power <input type="checkbox"/> Plug Brake Activates plug brake version, uses brake current setting <input type="checkbox"/> Turbo DCX only, adds speed (at full throttle only) <input type="checkbox"/> ½ Speed Reverse >Reduces output speed to 50% of forward speed setting	THROTTLE TYPE: Resistive: <input type="checkbox"/> 0-5K_ohms (0=Off) <input type="checkbox"/> 5K-0_ohms (5K=Off) Voltage <input type="checkbox"/> 0-5 Volts DC <input type="checkbox"/> 6-10.5 Volts DC Fleet: <input type="checkbox"/> Yamaha 0-1K_ohm <input type="checkbox"/> ClubCar 5K to 0_ohm (3-wire) <input type="checkbox"/> E-Z-Go ITS (Inductive) <input type="checkbox"/> Pump (Special application)	THROTTLE RESPONSE CURVE: <input type="checkbox"/> Linear curve >Best overall EV curve, matches user input) <input type="checkbox"/> S-Curve >Aggressive low end with flat mid level control <input type="checkbox"/> Progressive >Excellent low end and mild mid level control <input type="checkbox"/> Inductive > Similar to Linear curve except allows for the “error dead band” when using Inductive sensors
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(If unknown – leave blank, we will work with you to complete)

CONTROLLER SETTINGS: Max Output Current: 0 to 100% (Default 100%) [Percentage of power dissipated] _____ % Under Voltage: [Unit dependant, limits low battery operation] 16 to 90volt: _____ volts Over Voltage: [Unit dependant, limits high battery operation] 36 to 90volt: _____ volts Throttle Up Rate: [1=slow/15=fast]: _____ (Default = 5) Throttle Down Rate [1=slow/15=fast]: _____ (Default = 5) Brake Current 0 to 100% (Default 60%) [Percentage of power dissipated] _____ % Top Speed 0 to 100% (Default 100%, fleet 80%) [Limits maximum duty cycle]: _____ %
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Disclosure / Disclaimer:

This OEM application form is not a contract or agreement to do business but rather an application to determine the nature of your business and customer type. This information will better assist ALLTRAX Inc. in developing a preferred customer relationship.

Privacy Information Note:

All information contained in this document is regarded as confidential and is not shared or distributed to any parties except for internal ALLTRAX employees required to work directly with the OEM customer and its subsidiaries. All other contact information within this form is used to verify that the information and statements are as accurate as possible.

Thank you for considering ALLTRAX Inc. as your preferred Electronic Motor Controller manufacturer. For more information regarding ALLTRAX, please visit our web site at www.alltraxinc.com.

I acknowledge that all information contained in this document is true and correct.

Your Signature: _____, Date: _____

Alltrax Application Approval: _____, Date: _____

Yes(Approved)

No (Not approved)

Please retain a copy for your records.