



Form Type	Reference	Issue Date	Ref.	IC 1724	Manufacturer	Manufacturer Ref.	Manufacturer 2	Manufacturer 3
Company 01	Supplier Doc	Control	Control	IC 1724	Manufacturer	Manufacturer Ref.	Manufacturer 2	Manufacturer 3
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<b>Supplier</b>								
Supplier Name: <b>TE Connectivity</b>								
Supplier Address: <b>14000 NE 27th Ave</b>								
Supplier City: <b>Denver, CO</b>								
Supplier State: <b>CO</b>								
Supplier Zip: <b>80238</b>								
Supplier Country: <b>USA</b>								
Supplier Website: <b>www.te.com</b>								
Supplier Email: <b>connect@te.com</b>								
Supplier Phone: <b>+1 303 755 4000</b>								
Supplier Fax: <b>+1 303 755 4000</b>								
Supplier FIC: <b>14000 NE 27th Ave</b>								
Supplier FIC 2: <b>Denver, CO</b>								
Supplier FIC 3: <b>CO</b>								
Supplier FIC 4: <b>80238</b>								
Supplier FIC 5: <b>USA</b>								
Supplier FIC 6: <b>www.te.com</b>								
Supplier FIC 7: <b>connect@te.com</b>								
Supplier FIC 8: <b>+1 303 755 4000</b>								
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