

Custom Design LCD Quotation Requisition Sheet

Date : _____

Attn: Sales@displaylc.com / FAX: +41 56 2010012

From: _____ (Company Name)
 _____ (Person In charge)

Tel : _____
 Fax : _____

Project Reference : _____



Mechanical & Electrical Requirement

Application :						
LCD type :	<input type="checkbox"/> TN	<input type="checkbox"/> HTN	<input type="checkbox"/> STN-green	<input type="checkbox"/> STN-Gray	<input type="checkbox"/> STN-Blue	<input type="checkbox"/> FSTN
Dimension :						
	Item	Size (mm)	Item	Size (mm)		
	A. Width of Glass		E. Viewing Area (H)			
	B. Front Glass (H)		F. Pitch Size			
	C. Rear Glass (H)		G. Pin Length			
D. Viewing Area (W)		H. Width Between Pin Lines				
Note : _____						
Glass Thickness :	<input type="checkbox"/> 1.1mm	<input type="checkbox"/> 0.7mm	<input type="checkbox"/> 0.55mm	<input type="checkbox"/> 0.4mm	<input type="checkbox"/> 0.3mm	
Contact Ledge :						
Viewing Direction :	<input type="checkbox"/> 3 O'clock	<input type="checkbox"/> 6 O'clock	<input type="checkbox"/> 9 O'clock	<input type="checkbox"/> 12 O'clock	<input type="checkbox"/> Others	_____
LCD Driver :						
Display Mode :	<input type="checkbox"/> Positive Image		<input type="checkbox"/> Negative Image			
Polarizer :	(Front) :	<input type="checkbox"/> Normal	<input type="checkbox"/> Anti-Glare	<input type="checkbox"/> Anti-UV	Colour : _____	
	(Back) :	<input type="checkbox"/> Reflective	<input type="checkbox"/> Transflective	<input type="checkbox"/> Transmissive		
Operating Method :	Voltage :	_____ V		Frame Frequency :	_____ Hz	
	<input type="checkbox"/> Static	<input type="checkbox"/> Dynamic	Duty :	_____ Bias : _____		
Connector :	<input type="checkbox"/> Zebra Connector	<input type="checkbox"/> Heatseal Connector	<input type="checkbox"/> Others			
	<input type="checkbox"/> Straight Pin Connector	<input type="checkbox"/> Bend Pin Connector	Number of pins: _____			
Temperature Range :	Operation Temperature :	_____ °C	TO	_____ °C		
	Storage Temperature :	_____ °C	TO	_____ °C		
Volume Forecast :						
Others :	<input type="checkbox"/> With customer sample?	<input type="checkbox"/> Repeat project?	Ref: _____			
	<input type="checkbox"/> Life expectation (pls specify) : _____					

Quality Requirement

FAIR	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Process Flow	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Control Plan	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
PFMEA	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Gauge Study	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Risk Assessment	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Material Cert	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Accreditation	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
CTF's defined	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____
Fixturing needed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks :	_____

Reliability Requirement

High Temp.	:	<input type="checkbox"/> Yes	Condition:	_____ °C	
Storage Test		<input type="checkbox"/> No		_____ hours	
Low Temp.	:	<input type="checkbox"/> Yes	Condition:	_____ °C	
Storage Test		<input type="checkbox"/> No		_____ hours	
High Temp & High Humidity	:	<input type="checkbox"/> Yes	Condition:	_____ °C	_____ % RH
		<input type="checkbox"/> No		_____ hours	
Temperature	:	<input type="checkbox"/> Yes	Condition:	_____ °C	stand for _____ hour
Cycle Test		<input type="checkbox"/> No		_____ °C	stand for _____ hour
				_____ °C	stand for _____ hour
				_____ °C	stand for _____ hour

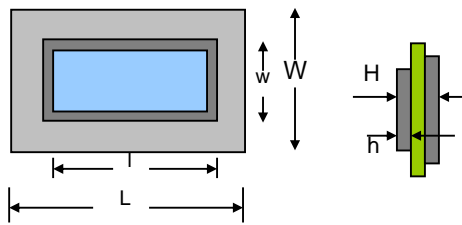
Packing Reliability Requirement

Drop Test	:	<input type="checkbox"/> Yes	Condition:	_____ m (height)
		<input type="checkbox"/> No		
Vibration Test	:	<input type="checkbox"/> Yes	Condition:	_____ cm (amplitude)
		<input type="checkbox"/> No		_____ Hz
				_____ hour

Custom Design LCD Module Quotation Requisition Sheet

Date : _____

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 From: _____ (Company Name) Tel : _____
 _____ Person In charge Fax : _____

Application		:		
LCD type		:	<input type="checkbox"/> TN <input type="checkbox"/> HTN <input type="checkbox"/> STN-green <input type="checkbox"/> STN-Gray <input type="checkbox"/> STN-Blue <input type="checkbox"/> FSTN	
Dimension	Display Contents	:	<input type="checkbox"/> Character Type Chs _____ X _____ Lines <input type="checkbox"/> Character Font Chs _____ X _____ Dots <input type="checkbox"/> Character Size (W) _____ X _____ (H) mm <input type="checkbox"/> Character Pitch (W) _____ X _____ (H) mm <input type="checkbox"/> Dot Size (W) _____ X _____ (H) mm <input type="checkbox"/> Dot Pitch (W) _____ X _____ (H) mm <input type="checkbox"/> Graphic Type _____ X _____ Dots <input type="checkbox"/> Combination (Please specify : _____)	
	Mechanical Specification	:	 Length (l) : _____ Width (w) : _____ Height (h) : _____ External Length (L) : _____ External Width (W) : _____ External Height (H) : _____ Terminal Direction : _____ (Left / Right / Up / Bottom)	
Temperature Range		:	Operation Temperature : _____ °C TO _____ °C Storage Temperature : _____ °C TO _____ °C	
Parts Structure	LCD (Consumer/ High Reliability)	:	Desired Size : _____ X _____ Glass Thickness : _____ Viewing Angle : <input type="checkbox"/> 6 O'clock <input type="checkbox"/> 12 O'clock <input type="checkbox"/> Others : _____ <input type="checkbox"/> Positive Image <input type="checkbox"/> Negative Image <input type="checkbox"/> Reflective <input type="checkbox"/> Transflective <input type="checkbox"/> Transmissive	
	Driving Method	:	Multiplexing: 1/ _____ Duty 1/ _____ Bias Driving Frequency : _____ Hz Voltage : _____ V	
	Holder	:	<input type="checkbox"/> Metal <input type="checkbox"/> Resin <input type="checkbox"/> Others : _____	
	PCB	:	Size : _____ X _____ (mm)	
Backlight	Light Source	:	<input type="checkbox"/> No <input type="checkbox"/> Yes : <input type="checkbox"/> EL <input type="checkbox"/> LED <input type="checkbox"/> CCFL <input type="checkbox"/> Others Colour : _____	
	Source Position	:	<input type="checkbox"/> Edge Type (Left / Right / Up / Bottom) <input type="checkbox"/> Array Type <input type="checkbox"/> Others : _____	
LCD PCB Connection	LCD PCB Connection	:	<input type="checkbox"/> Zebra <input type="checkbox"/> Heatseal <input type="checkbox"/> FPC <input type="checkbox"/> Pins <input type="checkbox"/> Others : _____	
	Switch	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	External Connection Method	:	<input type="checkbox"/> No <input type="checkbox"/> Straight Pin Header <input type="checkbox"/> Right Angle Pin Header <input type="checkbox"/> Flexible Cable <input type="checkbox"/> Others : _____	
Volume Forecast		:	Sample : _____ pcs Schedule : _____ Mass Production : _____ pcs Schedule : _____	
Remarks		:		