

Company Name		Inquiry Date:	
Contact Information:	Name:	E-mail:	
	TEL:	FAX:	
Application:		Est. Q'ty:	
M.P. Schedule:		Target price:	

1. Module Structure	<input type="checkbox"/> COB / <input type="checkbox"/> SMT	<input type="checkbox"/> COG	<input type="checkbox"/> COF / <input type="checkbox"/> TAB
2. Dimensions:			
	Module Outline: (A) X (B)		mm
	Viewing Area: (C) X (D)		mm
	Active Area: (E) X (F)		mm
	Distance between mounting holes: (G)		X (H) mm
	Diameter of mounting holes: (M)		mm
	Total thickness: (H1)		mm
	Upper thickness: (H2)		mm
3. Display Contents	<input type="checkbox"/> Segment type: _____ segments		
	<input type="checkbox"/> Character type _____ duty		<input type="checkbox"/> Graphic type _____ duty
	Resolution= _____ characters * _____ lines		Resolution= _____ dots* _____ dots
	Character size=W * H _____ mm		Dot size= W * H _____ mm
Character size=W * H _____ mm		Dot pitch= W * H _____ mm	
4.LCD Specification	LCD type <input type="checkbox"/> TN <input type="checkbox"/> HTN <input type="checkbox"/> STN <input type="checkbox"/> FSTN <input type="checkbox"/> Color STN <input type="checkbox"/> Others		
	Image <input type="checkbox"/> Positive		<input type="checkbox"/> Negative
	Background Color <input type="checkbox"/> Gray <input type="checkbox"/> Yellow green		<input type="checkbox"/> Blue <input type="checkbox"/> Black(FSTN)
	<input type="checkbox"/> White(FSTN) <input type="checkbox"/> Other		
	Polarizer <input type="checkbox"/> Reflective <input type="checkbox"/> Transflective <input type="checkbox"/> Transmissive		
	<input type="checkbox"/> Antiglare <input type="checkbox"/> Anti-UV <input type="checkbox"/> 3M-TDF <input type="checkbox"/> Others		
View direction <input type="checkbox"/> 6:00 <input type="checkbox"/> 12:00		<input type="checkbox"/> 3:00 <input type="checkbox"/> 9:00	
Printing <input type="checkbox"/> None <input type="checkbox"/> Included			



5. Backlight	<input type="checkbox"/> None		
	<input type="checkbox"/> LED <input type="checkbox"/> Array <input type="checkbox"/> Edge	Color	
	<input type="checkbox"/> EL	<input type="checkbox"/> Yellow green <input type="checkbox"/> Green <input type="checkbox"/> Amber	
	<input type="checkbox"/> CCFL	<input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Orange	
	<input type="checkbox"/> Built-in Inverter	<input type="checkbox"/> Others	
6. Temperature Range	Operating:    °C ~    °C	Storage:    °C ~    °C	
7. IC	Controller	<input type="checkbox"/> Built-in controller IC, with DRAM    K bites	
		<input type="checkbox"/> Built-in / font table for character display	
		<input type="checkbox"/> Graphic display by ram mapping	
		Interface: <input type="checkbox"/> Serial <input type="checkbox"/> Parallel    bits <input type="checkbox"/> I2C <input type="checkbox"/> Others	
	Driver	<input type="checkbox"/> Segment driver <input type="checkbox"/> Common driver	
Booster	<input type="checkbox"/> Negative Voltage Converter <input type="checkbox"/> Positive Voltage Converter		
8. Electrical characteristics	Vdd=    V, Idd=    mA, Vee=    mA, Iee=    mA    Vop:    V		
	Built-in circuits: <input type="checkbox"/> Booster <input type="checkbox"/> T.C. <input type="checkbox"/> V.R. <input type="checkbox"/> Others		
9. Connector LCD	attached to PCB	<input type="checkbox"/> Rubber <input type="checkbox"/> Heatseal <input type="checkbox"/> TCP IC <input type="checkbox"/> FPC <input type="checkbox"/> Metal pins	
	LCM Interface	<input type="checkbox"/> None (through hole)	
		<input type="checkbox"/> Straight pin header	Pin Pitch    mm
		<input type="checkbox"/> Right angle pin header	Pin number
		<input type="checkbox"/> Heatseal <input type="checkbox"/> FFC <input type="checkbox"/> FPC <input type="checkbox"/> Connector	
10. Frame	<input type="checkbox"/> None <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Others		
11. Special Request	<input type="checkbox"/> ESD <input type="checkbox"/> EMI		
	<input type="checkbox"/> Reliability test, please specify:		
	<input type="checkbox"/> Others:		
12. Remarks			

Company Name		Inquiry Date:	
Contact Information:	Name:	E-mail:	
	TEL:	FAX:	
Application:		Est. Q'ty:	
M.P. Schedule:		Target price:	

LCD INQUIRY FORM		Other: W _____ xH _____ mm View area: W _____ xH _____ mm Active area: W _____ xH _____ mm Front glass: W _____ xH _____ mm Rear glass: W _____ xH _____ mm
		Glass thickness: <input type="checkbox"/> 0.4 <input type="checkbox"/> 0.55 <input type="checkbox"/> 0.7 <input type="checkbox"/> 1.1 <input type="checkbox"/> Other _____ mm

LCD INQUIRY FORM	Display mode <input type="checkbox"/> TN <input type="checkbox"/> HTN <input type="checkbox"/> STN <input type="checkbox"/> FSTN <input type="checkbox"/> Color STN <input type="checkbox"/> Others Style: <input type="checkbox"/> Segment <input type="checkbox"/> Character ___X___line <input type="checkbox"/> Graphic W ___xH ___dots Dot: W ___xH ___mm/ Pitch: W ___xH ___mm Image: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Background color: <input type="checkbox"/> Gray <input type="checkbox"/> Yellow green <input type="checkbox"/> Navy blue <input type="checkbox"/> White(FSTN) <input type="checkbox"/> Others View direction: <input type="checkbox"/> 6:00 <input type="checkbox"/> 12:00 <input type="checkbox"/> 3:00 <input type="checkbox"/> 9:00 Seal end on <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right Printing: <input type="checkbox"/> Nil <input type="checkbox"/> Front glass <input type="checkbox"/> Rear glass <input type="checkbox"/> Polarizer, in color _____
------------------	---

LCD INQUIRY FORM	Polarizer <input type="checkbox"/> Reflective <input type="checkbox"/> Transflective <input type="checkbox"/> Transmissive Front: <input type="checkbox"/> regular <input type="checkbox"/> antiglare <input type="checkbox"/> anti-UV <input type="checkbox"/> attached <input type="checkbox"/> separate Rear: <input type="checkbox"/> attached <input type="checkbox"/> separate
------------------	---

LCD INQUIRY FORM	Drive method Voltage: Min: _____ V, Typical _____ V, Max. _____ V in reference to driver IC: _____, frame frequency: ___ Hz, <input type="checkbox"/> Staic drive <input type="checkbox"/> Multiplex drive: 1/___duty cycle, 1/___bias
------------------	---

LCD INQUIRY FORM	Temperature Operating: _____ ~ _____ °C Storage: _____ ~ _____ °C
------------------	---

LCD INQUIRY FORM	Terminal contact method <input type="checkbox"/> Zebra <input type="checkbox"/> Heat seal <input type="checkbox"/> Pin <input type="checkbox"/> Other _____; Terminal pitch: _____ mm, _____ pcs <input type="checkbox"/> Attached <input type="checkbox"/> Separate Terminal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pin style <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
------------------	--

LCD INQUIRY FORM	Others <input type="checkbox"/> Data sheet attached <input type="checkbox"/> Drawing attached
------------------	---

LCD INQUIRY FORM	Remark
------------------	--------