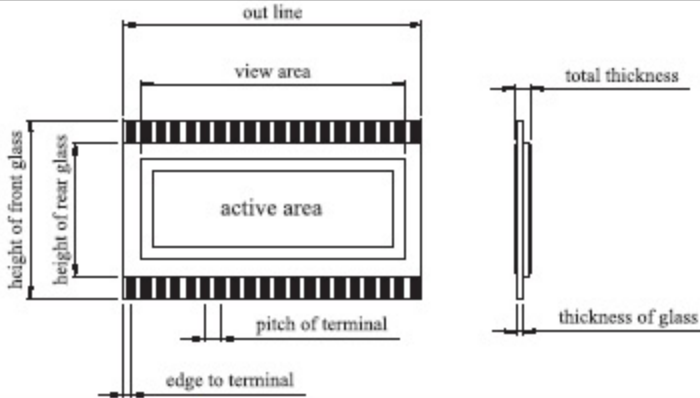











Company Name		Inquiry Date:	
Contact Information:	Name:	E-mail:	
	TEL:	FAX:	
Application:		Est. Q'ty:	
M.P. Schedule:		Target price:	

LCD INQUIRY FORMANT			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
	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 _____	
	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	
	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	
	Temperature	Operating: _____ ~ _____ °C Storage: _____ ~ _____ °C	
	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"/> 	
	Others	<input type="checkbox"/> Data sheet attached <input type="checkbox"/>Drawing attached	
	Remark		