Custom Tray Questionnaire

Contact ________________________________  Title ________________________________
Company ________________________________  Tel ________________________________
eMail ________________________________  CC 1 ________________________________
Project/Component # ________________________________  CC 2 ________________________________

A. Usage forecast:
1. First time: Quantity of [ ] trays or [ ] number of components to be packaged ___________
2. Yearly: Quantity of [ ] trays or [ ] number of components to be packaged ___________

B. Description of component:
3. [ ] Attach outline drawing or sketch of your component (Required !)

C. Maximum baking temperature of components in tray:
4. [ ] No Baking  [ ] 50°C  [ ] 75°C  [ ] 125°C  [ ] 140°C  [ ] 150°C  [ ] 180°C

D. Purpose (application) of tray: (Check all that apply)
5. [ ] In house usage  [ ] Transport  [ ] Pick and Place to PC Board

E. Type of tray:
6. [ ] JEDEC Outline  [ ] 2-Inch Waffle Pack  [ ] 4-inch Waffle Pack  [ ] Other

F. Comments (Materials, color, stacking requirement, JEDEC and ESD requirements, etc):

Return completed questionnaire to TopLine.
email: sales@topline.tv  Tel 1-800-776-9888  Fax 1-478-451-3000