

Douglas Corporation

Form

Form Name: Membrane Switch RFQ	Industrial Sales Administrator	Issue Date 4/16/98	Page I of I
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Quote 4 _____

Sent By: _____ **MEMBRANE SWITCH RFQ**

Attention: _____ Date _____ Due _____
Company: _____ Rep Co. _____ Rep _____
Street: _____ Send to: Customer _____ Rep _____
City, State, Zip _____ New _____ Requote _____
Phone _____ Fax: _____

Description _____
CUST. P/N _____ Rev _____ DOUGLAS P/N _____
Last Order 4 _____ Date _____ Qty _____ Price _____
Project Life _____ EAU _____ Type of Release _____
Quantities to Quote: _____

GRAPHIC OVERLAY

MATERIAL TYPE: Polycarbonate _____ Polyester _____ Other _____

FINISH: Velvet _____ Glossy _____ Selective Texture _____

Material Thickness _____ Adhesive _____

Colors: Copy _____

Background _____

Dead Front _____

Overall Dimensions: _____

Windows _____ Clear _____ Translucent _____

LED windows _____ Clear _____ Translucent _____

Cut Outs _____

Embossing: Raised Key Outline _____ Full Keypad ' _____ None _____

Areas Free of Adhesive _____

MEMBRANE SWITCH INFORMATION

Termination Required: Yes _____ No _____ Type _____

Tail Length _____ Tail Exit Location _____

Tactile Feel Required: Yes _____ No _____ Type: Stainless Steel _____ Polydome _____

Shielding Required: Yes _____ No _____ Type _____

Back Panel Required: Yes _____ No _____ Type _____

Environmental Conditions: Interior _____ Exterior _____

Moisture/Humidity _____ Special Specs. _____

COMMENTS _____

SEND COMPLETED FORM ALONG WITH PRINTS, DRAWINGS, SKETM SANITILE, ECT. TO
QUOTATIONS DEPARTNIENT / EPW.