

**Date:**

Substrate

**Company Name:**

Filter

**Point of Contact:**

**Phone/ Email:**

Other:

*Please supply as much applicable information as possible so that PPI can provide a product to best fit your application.*

Question	Notes
Existing Vendor, if applicable	
Competitor Part Number, if known	
Part Drawing/ Datasheet, if available	
New Program:	New? Existing
Name of Program/Project:	
What type of Application?	Commercial    Space    Medical    Military
Attachment Technique: How is the part being mounted?	Wirebound    Solder    Epoxy
Quantity: Required for this request	
Are samples requested?	
What is EAU ?	
Target Pricing	
Where is design being built (production build):	In house    Through CM: Please provide Name and Location: _____
Notes:	

For Internal Use: PPI Part Number:

Opp#: