

Date: _____

Company Name: _____

Point of Contact: _____

Phone/Email: _____

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:	<input type="checkbox"/> New? <input type="checkbox"/> Existing
Name of Program/Project:	
<i>If No Competitor Part Number or drawing are available:</i>	
Capacitor Value Range	
Voltage (DC Working Voltage)	
Magnetic or Non-Magnetic	<input type="checkbox"/> Magnetic <input type="checkbox"/> Non-Magnetic
Size (L x W x H) min/max	
What is the part being used for? Application? Frequency	
Style	<input type="checkbox"/> PTFE <input type="checkbox"/> Air Tubular <input type="checkbox"/> Air Sapphire <input type="checkbox"/> Air Plate 3mm FilmTrim
With/ Without Seal Cap	<input type="checkbox"/> With Seal Cap <input type="checkbox"/> Without Seal Cap
How is this being mounted	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
Quantity: Required for this request	
Are samples requested?	Yes No
What is EAU?	
Target Pricing	
Design build:	<input type="checkbox"/> In house <input type="checkbox"/> Through CM: Please provide Name and Location:
Notes:	

For Internal Use: PPI Part Number:

Opp#: