



# DOUGLAS CORPORATION

## Graphic Overlay / Membrane Switch Request for Quotation

<b>COMPANY INFORMATION</b>			
Company Name:			
Address:			
City:	State:	Zip:	
<b>CONTACT INFORMATION</b>			
Purchasing Contact:			
Phone:	Fax:	Email:	
Engineering Contact:			
Phone:	Fax:	Email:	
Rep Agency:	Sales Rep:		
<b>PART INFORMATION</b>			
Customer P/N:	Rev:	Part Name:	
Product Used On:			
Date Sent to Douglas:		Quote Due Date:	
EAU:	Qtys to Quote		
<b>Overlay</b>			
Material Type:	Polyester <input type="checkbox"/>	Polycarbonate <input type="checkbox"/>	Other
Part Size:			
Material Finish:	Velvet <input type="checkbox"/>	Glossy <input type="checkbox"/>	Selective <input type="checkbox"/> Other
Window Finish:	Clear <input type="checkbox"/>	Textured <input type="checkbox"/>	
Adhesive Type:			
Printed Colors (include background, tinted windows and LED windows):			
Embossed Keys:	Rim (Rail) <input type="checkbox"/>	Full Key (Pillow) <input type="checkbox"/>	None <input type="checkbox"/>
<b>Circuit</b>			
Tail Termination:	Connector <input type="checkbox"/>	Solder Pins <input type="checkbox"/>	Ziff <input type="checkbox"/> None <input type="checkbox"/>
Tail Length:	Tail Location:		
# of Embedded LED's:	None <input type="checkbox"/>		
Tactile Feel Key:	SS Dome <input type="checkbox"/>	Poly Dome <input type="checkbox"/>	None <input type="checkbox"/>
EMI / RFI Shield Req:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Back Panel Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Material Type
Interior Application <input type="checkbox"/>	Exterior Application <input type="checkbox"/>		
Comments:			

Return completed form along with prints, drawings, artwork, sketch, and or samples to Douglas Corporation Sales Department.