



Battery Design Sheet

Please fill in shaded area

Date:

Program:

Market: Medical Military Aerospace Industrial

Customer Information

Company:

Telephone:

Contact Name:

Cell Phone:

Address:

Fax:

City: State: Zip:

E-mail:

Discharge Requirement

Nominal (mA):

Max Continuous (mA):

Max Peak (mA):

Duration/Freq of Peak:

Nominal Voltage (V):

Desired Runtime (Hour):

Cut-off Voltage (V):

Operating Temp (°C):

Storage Temp (°C):

Charge Requirement

Time (min)

Main (mA)

Pulse (mA)

High Temp Cutoff (°C)

Customer Provided Parts

Pack Requirement

Pack Capacity (Wh):

Enclosure Requirement:

Heat Shrink:

PCM (Prot Circuit Module):

PCB (Joiner Board):

Test Requirement:

Required Certificate:

Thermistor:

Fuel Gauge:

Connector:

Wire (Size & Length):

Special Requirement:

Dimensional Requirement

Thickness (mm):

Width (mm):

Length (mm):

Weight (g):

Other Requirements

Special Note

Sample Request Quantity: Date:

Estimated Annual Volume Year 1: Year 2: Year 3:

Desired Delivery Date Prototype Units Production Units