



REQUEST FOR QUOTE

Date	Design Registration	Yes	No
Name (submitted by)	(attach completed form)		
Email Address	Product		
Telephone	End Customer		
Distributor Name	Website Address		
Distributor Branch	Customer Contact		
Distributor Field Sales Contact	Street Address		
Name	City, State		
Phone Number	Zip Code		

PROJECT IDENTIFICATION

- Application
- Market Segment
- Close Date
- Competition Name
- Competition Part Number
- Competition Resale
- Max. Potential EAU
- Reason for discount

CONTRACT MANUFACTURER (IF APPLICABLE)

- Company
- Contact Name
- Street Address
- City, State
- Zip Code

Part Number	Distributor Cost Target	Distributor Resale	Purchase Qty. by Distribution	Quote Qty.	Type of RFQ	New Quote or Renewal
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Fields in red are mandatory