



## **Request for Heat Sink Design & Quotation**

Toll-Free: 1.800.348.5580 Fax: 1.630.208.2550

CONTACT INFORMATION					
First Name:	*	Last Name:	*		
Title:					
Company:			*		
Address:			*		
City	*	State	*		
Country:	*	Zip Code:	*		
Email:			*		
Phone:			*		
Fax:					
DIMENSIONS AND TOLERANCE SPECIFICATION (in Inches)					
Space Available:	Length (air flow direction)	Wide	Height		
	in. *	in. *	in. *		
Tip Clearance:  (distance from top of heat sink to nearest obstruction) in. *					
Flatness Spec:	0.01 Inch per Inch	Other, please specify	y:		
Other tolerance specifications or additional information request	4		<b>▲</b>   ▼		

COOLING SOLUTION & THERMAL BOUDNARY CONDITION					
Cooling method:	I: Active Passive Other				
Products might be interested in:	Heatsink Heat Pipe Cold Plate Thermal Interface  Material other, please specify:				
Nominal Air Speed:	LFM	Maximum Air Speed:	LFM		
Air flow rate:	mL/s	Target Theta JA:	° C		
Ambient Temperature:	° C*	Target Theta JC:	° C		
Wattage to be Dissipated:	W*	Power location:	*		
Tjunction Temperature:	° C*	Tcase Max:	° C		
TIME FRAME AND QUATITY REQUIREMENT:					
	Quotation due date?	*			
Pro					
	Prototype Quantity:	*			
P	Production start date:				
Estimated annual usage: (to determine the most cost effective manufacturing process)					
All quotation requests will be confirmed with a reply e-mail or phone call within 24 hours, Monday-Friday, 8:00am to 5:00pm.					
Additional Information or Requests:  (e.g.: mechanical attachment requirements, thermal interface material type, fan preference, heat pipe, specs that apply, production site location, etc)					
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