

CUSTOM CLIP MARKING QUESTIONNAIRE

Date _____

Contact _____ Title _____

Company _____ Tel _____

Project # _____ email _____

A. CLIP SIZE: 25mm (1.0-inch) 50mm (2.0-inch) OTHER: _____

B. COLOR: _____ C. TOPLINE CLIP# _____ D. Max Bake Temp _____ °C

E. HORIZONTAL POSITIONING OF TEXT ON CLIP: CENTER LEFT RIGHT

F. MARK:


1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

G. Usage Forecast: First Time: _____ Estimated Annual Usage _____

H. Clip will be used on this JEDEC TRAY: Tray Drawing Attached

Tray Brand _____ Tray Part# _____

Return completed questionnaire to TopLine email: sales@TopLine.tv

			
TITLE TRAY CLIPS QUESTIONNAIRE CUSTOM MARKING			
SCALE NONE	SIZE A	DRAWING NO. 127099	REV A
DO NOT SCALE DRAWING			SHEET 1 OF 1