RFQ for ROM Writing

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Please black out the applicable items. (Example：■)

Client Name	Date of Request： Company Name ： Name of Department ： Name of Staff： Address： Zip Code： TEL： FAX ： E-mail ：
Device subject to Writing	Kind ： ☐ Flash Microcomputer ☐ Flash ☐ Others ( ) Maker Name ： Device Type Name： Package ： Number of Pins： pin Capacity of ROM： Case： Tray (Number of IC on Tray ：) Planning Monthly Amount ： devices(Including Reverse Items) Annual Total Amount ： devices(Including Reverse Items) Duration ： Years (Expectation including Similar Items)
Written Data	Type of Supply ： ☐ FD ☐ E-mail ☐ Master ROM ☐ Others( ) Note ： ( )
Marking	☐ Unnecessary ☐ Dot Mark (White・Red・Light Blue・Yellow Others) ☐ Label (Seal) Sticking ☐ Laser Marking Number of Letters： Letter ☐ Others ( )
Baking Specification	☐ Unnecessary ☐ Necessary (℃ Hours)
Verify Process After Baking	☐ Absence ☐ Presence
Designation of Packing	☐ Absence ☐ Presence (Vacuum Pack・Desiccant・Others)
Expected Unit Price	Unit Price of Writing：
Planning Date of Supplying Devices	(Planning Amount： Devices)
Expected Start Date of Writing	
Expected Delivery Date	☐ Presence of Rapid Expectation
Addressee of Written Items	☐ Your Company ☐ Except Your Company Company Name ： Zip Code： Address：
If you have other contents you hope, please write here.	

Please fill in the requirements and send by FAX written in above.