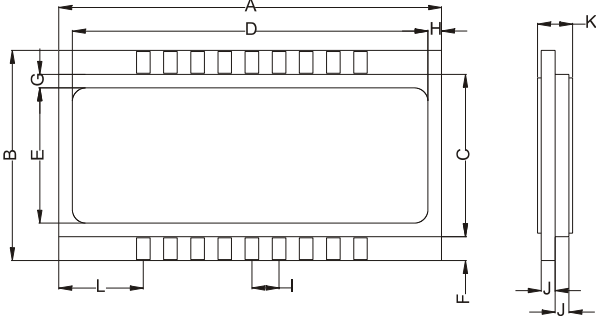








# LCD PANEL CHECK LIST

Application	<input type="checkbox"/> Clock(Watch) <input type="checkbox"/> Calculator <input type="checkbox"/> Instruments <input type="checkbox"/> Calendar <input type="checkbox"/> Game <input type="checkbox"/> Telephone <input type="checkbox"/> Remoter <input type="checkbox"/> Others _____			
		A...Width of Glass: _____mm B...Front of Glass: _____mm(H) C...Rear of Glass: _____mm(H) D...Viewing Area: _____mm(W) E...Viewing Area: _____mm(H) F...Terminal: _____mm(H) G...Seal width I _____mm      H...Seal width II _____mm I...Pitch of terminal _____mm J...Glass thickness _____mm      K...Total thickness _____mm L...Eage to terminal _____mm N...Position of Injection port <input type="checkbox"/> Right <input type="checkbox"/> Left		
Display mode	1. <input type="checkbox"/> TN <input type="checkbox"/> HTN <input type="checkbox"/> STN <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> Positive <input type="checkbox"/> Negative 3. <input type="checkbox"/> 3 :00 <input type="checkbox"/> 6:00 <input type="checkbox"/> 9:00 <input type="checkbox"/> 12:00 <input type="checkbox"/> OTHER _____			
Drive method	Driving Voltage: _____V      Duty: _____      Bias: _____      Freq : _____ Hz			
Polarizer	<input type="checkbox"/> Reflective <input type="checkbox"/> Transmissive <input type="checkbox"/> Transflective Front: <input type="checkbox"/> Pasted <input type="checkbox"/> Separated Rear: <input type="checkbox"/> Pasted <input type="checkbox"/> Separated			
Temperature	Operating Temperature: _____ °C ~ _____°C Storage Temperature: _____ °C ~ _____°C			
Connector	1. <input type="checkbox"/> Zebra <input type="checkbox"/> Pin <input type="checkbox"/> Heat Seal <input type="checkbox"/> OTHER _____			
LCD Configuration	<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> OTHER         </div>			
SCHEDULE	A. Counter drawing for approval by: B. Operating sample for approval by: C. Mass production starting from: Order volume: _____ pcs/month Total: _____ purchase			
Remark				
COMPANY			ATTENTION	
PHONE:		FAX:		DATE: