



Providing The Best Thermal Design Solutions

Toll-Free: 1.888.509.COOL

Fax: 1.888.819.6003

Request for Heat Sink Design & Quotation

First Name: * Last Name: *

Title:

Company: *

Address: *

City: * State: *

Country: * Zip Code: *

Email: *

Phone: *

Fax:

DIMMENSIONS AND TOLERANCE SPECIFICATION (in Inches)

Available Width: in.* Available Length: in.*
(airflow is perpendicular to width)

Max. Available Height: in.* Tip Clearance: in.*
(distance from top of heat sink to nearest obstruction)

Flatness Spec: 001 Inch per Inch Other, please specify:

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THERMAL & AIRFLOW INFORMATION

Nominal Air Speed: LFM* Max. Air Speed: LFM*

Ambient Temperature: °C* Target Theta-sa: *

Wattage to be Dissipated: *

Max. Delta Temperature: ° C*

Tcase Max: ° C*

TIME FRAME AND QUANTITY REQUIREMENT:

Quotation due date?

Prototype (s) due date?

Prototype Quantity:

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, other . . .)

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