

ELECTROLUBE THERMAL PRODUCTS QUESTIONNAIRE



Name:	
Company Name:	
Address:	
Phone:	
Fax:	
Email:	
Are Heat Transfer Products already used? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what product is used?	
Please provide details of the application:	
What is the power output (Watts)?	
What is the operating temperature?	
Is thermal cycling required? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what regime?	
Conduct heat only or both heat and electricity? Heat only <input type="checkbox"/> Heat and electricity <input type="checkbox"/>	
What is the item size?	
What is the number of items per month?	
What approvals are required?	
What is the application method?	
Solvent resistance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to what?	
Is thermal conductivity required? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, to what magnitude e.g. 1.0 W/mk	
What is the preferred product type?	
Curing or Non-curing? Curing <input type="checkbox"/> non-curing <input type="checkbox"/>	

Paste or Grease? Paste Grease

Rubber or resin? Rubber Resin

Silicone or non-silicone? Silicone Non-silicone

What is the target price?

Further information: