



SAMPLE ORDER REQUEST

TO: Jason
ATTN: Diodes Inc.
FROM: Hanna Lind
DATE:

Customer / Application Information	CONTACT INFORMATION (min. one contact required 1 st & last name)	SHIP TO		SHIP VIA
END CUST: (Required)	Cust. / Engr:	Rep # Hanna Lind	Ship to # Rep	Other
CEM (Required, NA if not applicable)	Dist. Sales person:	Rep Name Hanna Lind		
Application (required) Auto, Consumer, Telecom, Computer, Industrial (circle one)	Rep Sales person:	ADDRESS: 6551 City West Parkway		
End use (required) Modem, Motherboard, Stereo, etc.	Distributor:	CITY/STATE/ZIP: Eden Prairie, MN 55344		
Production date:	New design? <input checked="" type="checkbox"/>	Second Source <input type="checkbox"/>	ATTENTION: (Required)	<input type="checkbox"/> ACCT#:

DIODES INC P/N	QUANTITY NEEDED	QUANTITY SHIPPED	QTY BACK ORDERED	SHIP DATE	POTENTIAL (REQUIRED)	COMPETITOR P/N	CUSTOMER P/N TO BE REFERENCED

SPECIAL INSTRUCTIONS:
<input type="checkbox"/> READ AND RECORD DATA