

Section 1: General Information

Company name		
Address number and street		Suite
City, state, and ZIP code		
Your first name	Last name	Your occupation
Phone number	Fax number	Email address
Method of preferred communication <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Postal mail		
Method of preferred document transmittal <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Postal mail		

Section 2: Business Strategy

How did you heard about Lunar Accents Design?
Which of the following best describes your product? <input type="checkbox"/> New LED lighting product or idea <input type="checkbox"/> Upgrade from an existing product to incorporate LED technology <input type="checkbox"/> Existing LED lighting product by previous designer <input type="checkbox"/> Other _____
When do you plan to bring this product to market? <input type="checkbox"/> Immediately <input type="checkbox"/> Subsequent to a working prototype <input type="checkbox"/> Never, this is for one-time personal or company use <input type="checkbox"/> Other _____ Note: If you do not plan to bring this product to market, please skip to section 3 below.
How long has your company or parent company been in business? _____Years How long has your company been selling lighting products? _____Years
By which of the following methods will you market or distribute this product? Provide a detailed description beside each applicable item. <input type="checkbox"/> Website _____ <input type="checkbox"/> Catalog _____ <input type="checkbox"/> Store front _____ <input type="checkbox"/> Distribution channels _____ <input type="checkbox"/> Trade shows _____ <input type="checkbox"/> Other _____

Section 3: Project Description

Project name

Description of operation

See additional attachment(s)

LED part numbers or descriptions

See additional attachment(s)

Section 4: Blue Prints

Depict layout and dimensions

See additional attachment(s)

Dimensions referenced to drawings

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y

Section 5: Power

Power origin	<input type="checkbox"/> Line 120 volts AC	<input type="checkbox"/> Automotive 13.8 volts DC
	<input type="checkbox"/> Other (describe in detail below)	
	<input type="checkbox"/> See additional attachment(s)	
Power conversion	<input type="checkbox"/> I do not require a specific power conversion device	
	<input type="checkbox"/> Compatibility with a specific power conversion device is critical (provide details and/or part numbers below)	
	<input type="checkbox"/> See additional attachment(s)	

Section 6: Additional Details

Describe any special operating functions
<input type="checkbox"/> See additional attachment(s)
List any additional parameters
<input type="checkbox"/> See additional attachment(s)

Section 7: Sign and Date

I understand that custom design services as well as subsequent production runs may be subject to various terms and conditions. In addition, I understand that all products are guaranteed according to specific warranty guidelines. I have also read and understand my liabilities as described within the "Liabilities" paragraph located in the "Custom design application instructions".

Sign Name

Print Name

Date