

Standard Crops

Please provide us with the following information for a FREE layout. Please try to complete this form as thoroughly as possible. Any missing data may delay in receiving a layout and may result in a less efficient layout.

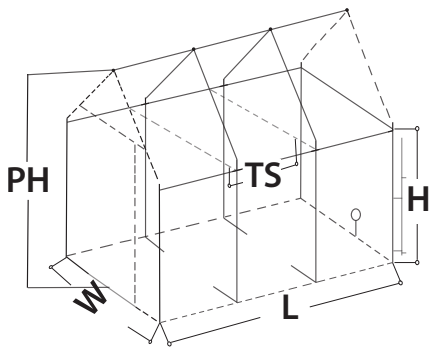
Project name:	Ship to ZIP code:
Job company:	Customer contact:
Email:	
Dealer company:	Email:
Dealer contact:	Phone:

Crop:								
Structures:	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other	Roof:	<input type="checkbox"/> Arch	<input type="checkbox"/> Gothic	<input type="checkbox"/> Gable	<input type="checkbox"/> Other

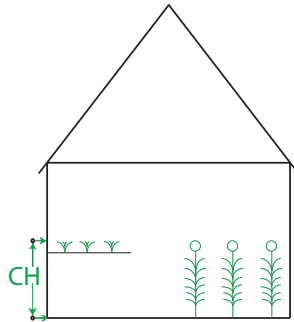


BUILDING MEASUREMENTS:

Number of buildings	Width W	Length L	Bottom of the truss, Eave Height H
Peak Height PH	Space Between Trusses TS	Bench + Crop Height CH	



Building Specifications



Crop Height & Light Distance

Obstacles:		
Partition between bays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Material:		
Shade curtain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it below the truss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any other obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe the obstacles.		

BENCH MEASUREMENTS:

Vertical	Horizontal	Other

Number of Benches (p/bay)	Bench Length BL	Bench Width BW
Bench Start BS	Aisle Space AS	Space from Wall WS

Please see page 2 for grid to submit a sketch of your bench layout with dimensions.

Orientation of Benches:	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Other	Bench height from floor:	<input type="checkbox"/> Other
Bed/Bench Type:	<input type="checkbox"/> Stationary	<input type="checkbox"/> Rolling	<input type="checkbox"/> Ground Beds		

Light Request Form

LIGHT NEEDS

Light Requirements:	<input type="checkbox"/> Sole source (indoor)	<input type="checkbox"/> Primary supplemental	<input type="checkbox"/> Photoperiod/Daylength extension
Growth Stage:	<input type="checkbox"/> Propagation	<input type="checkbox"/> Vegetative	<input type="checkbox"/> Flowering
Uniformity Desired:	<input type="checkbox"/> High (may result in more fixtures)	<input type="checkbox"/> Low (may result in fewer fixtures)	
Desired Intensity:	Micromoles:	Footcandles:	Moles/Day:
<input type="checkbox"/> Not sure. Please base it on crop type and my region and focus on:			
	<input type="checkbox"/> High quality levels	<input type="checkbox"/> Good quality levels	<input type="checkbox"/> Acceptable levels

FIXTURE INFORMATION

Fixture/Bulb Type:	<input type="checkbox"/> HID Sodium (HPS) Single-ended	<input type="checkbox"/> HID Halide (MH)	<input type="checkbox"/> HID Sodium Double-Ended	<input type="checkbox"/> T5Fluorescents	<input type="checkbox"/> LED	<input type="checkbox"/> Other:
		<input type="checkbox"/> HID CMH				
Ballast Type:	<input type="checkbox"/> Magnetic	<input type="checkbox"/> Electronic	<input type="checkbox"/> No Preference	<input type="checkbox"/> Remote	<input type="checkbox"/> Attached	<input type="checkbox"/> No Preference
Voltage:	<input type="checkbox"/> 120V	<input type="checkbox"/> 208V	<input type="checkbox"/> 240V	<input type="checkbox"/> 277V	<input type="checkbox"/> 347V	<input type="checkbox"/> 480V
Standard Plug:	5-15p	6-15p	6-15p	L7-15P	L24-20p	L8-20p
Special Plug Requirement:						
Remote operation cord length:	<input type="checkbox"/> 5' cord	<input type="checkbox"/> 15' cord	<input type="checkbox"/> 25' cord	All fixtures come with a standard 8' power cord.		
Lens required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Please submit a sketch of your rack layout with your dimensions:

Fax completed form to 800-634-9906 or email to Commercial@Hydrofarm.com