

## Indoor 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.

<b>Project name:</b>	<b>Ship to ZIP code:</b>
<b>Job company:</b>	<b>Customer contact:</b>
<b>Email:</b>	
<b>Dealer company:</b>	<b>Email:</b>
<b>Dealer contact:</b>	<b>Phone:</b>

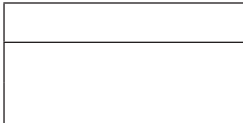
<b>Building Type:</b>	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other	
<b>Ceiling Type:</b>	<input type="checkbox"/> Flat	<input type="checkbox"/> Truss	<input type="checkbox"/> Other
<b>Partition between rooms?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are there any other obstacles?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

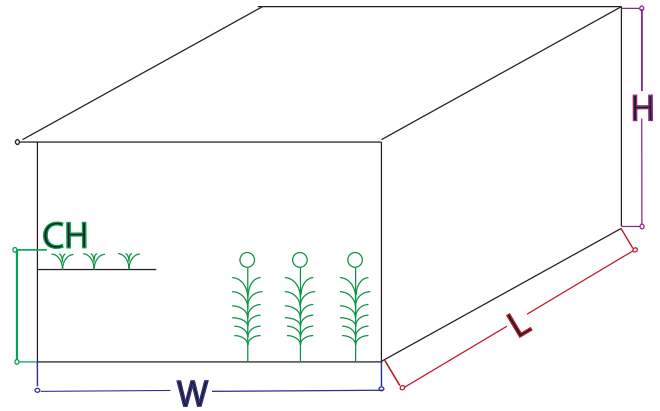
*If yes, please provide a sketch of the obstacles.*

**Flat**



**Truss**



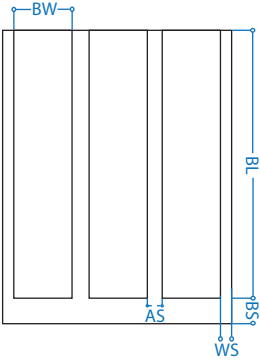


### STRUCTURE MEASUREMENTS:

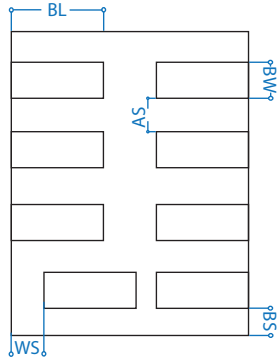
Number of rooms	Length <b>HL</b>	Width <b>HW</b>	Ceiling Height <b>RH</b>	Crop Height <b>CH</b> bench height + crop height

### BENCH MEASUREMENTS:

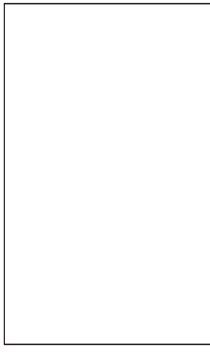
**Vertical**



**Horizontal**



**Other**



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

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

**Orientation of Benches:**  Vertical  Horizontal  Other

**Bed/Bench Type:**  Stationary  Rolling  Ground Beds

**Bench height from floor:**  Other

# Light Request Form

## LIGHT NEEDS

<b>Light Requirements:</b>	<input type="checkbox"/> Sole source (indoor)	<input type="checkbox"/> Primary supplemental	<input type="checkbox"/> Photoperiod/Daylength extension
<b>Growth Stage:</b>	<input type="checkbox"/> Propagation	<input type="checkbox"/> Vegetative	<input type="checkbox"/> Flowering
<b>Uniformity Desired:</b>	<input type="checkbox"/> High (may result in more fixtures)	<input type="checkbox"/> Low (may result in fewer fixtures)	
<b>Desired Intensity:</b>	Micromoles:	Footcandles:	Moles/Day:
<input type="checkbox"/> <b>Not sure.</b> 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

<b>Fixture/Bulb Type:</b>	<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				
<b>Ballast Type:</b>	<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
<b>Voltage:</b>	<input type="checkbox"/> 120V	<input type="checkbox"/> 208V	<input type="checkbox"/> 240V	<input type="checkbox"/> 277V	<input type="checkbox"/> 347V	<input type="checkbox"/> 480V
<b>Standard Plug:</b>	5-15p	6-15p	6-15p	L7-15P	L24-20p	L8-20p
<b>Special Plug Requirement:</b>						
<b>Remote operation cord length:</b>	<input type="checkbox"/> 5' cord	<input type="checkbox"/> 15' cord	<input type="checkbox"/> 25' cord	All fixtures come with a standard 8' power cord.		
<b>Lens required:</b>	<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