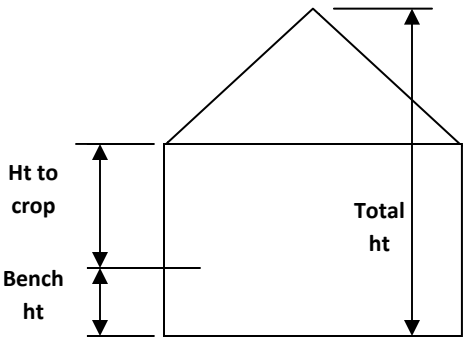
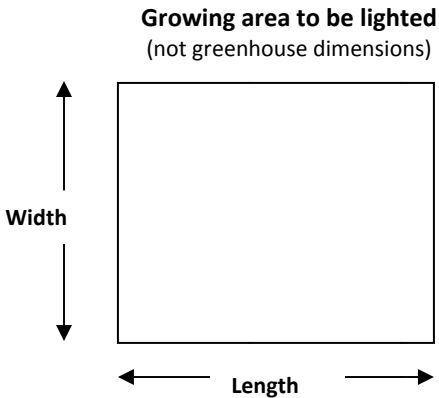


Please provide us with the following information for a FREE quotation on a lighting system. If you have further questions, please call us.

Date	
Dealer Name	
Dealer Contact	
Phone	
Email	

Customer Name	
Project ID	
Ship to zip code	
Project date	



Please indicate the aisle spacing on the diagram above or attach aisle / bench layout.

Width: _____ Length: _____

Crop Type: _____

Approximate: energy (light) requirements:

Footcandles: _____ or micromoles: _____

Do you currently have supplemental lights? (Please describe)

Additional comments and requests

Please submit the request to: PARsource c/o Ron James
 Email: rjames@parsource.com or fax: 877.262.6050
 Phone: 800.634.9990 Ext 115

Dimensions:

Total Height: _____ Truss / Bay spacing: _____

Bench height: _____ (if applicable)

Height to cross member: _____

Desired input voltage for lights: (Circle one)

() 120v () 208v () 240v () 277v () 347v
 () Other _____

Ballast Type:

() Magnetic () Electric () No preference
 () Remote () Attached

Bulb Type:

() Sodium () Halide () Please choose best bulb
 () Other _____

Special Requests:

() Beam flicker
 () Other
