

**YES, I WOULD LIKE MY BULBS / REFLECTORS TO BE MEASURED.**

**PLEASE CONTACT ME.**

**I WOULD LIKE TO RECEIVE MORE INFORMATION ABOUT THE GROW LIGHT**

**CONTRACT. PLEASE CONTACT ME.**

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

POSTAL CODE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CROP: \_\_\_\_\_

BURNING HOURS PER YEAR: \_\_\_\_\_

TYPE OF INSTALLATION (1): \_\_\_\_\_

TOTAL AMOUNT OF FIXTURES: \_\_\_\_\_

TYPE OF INSTALLATION (2): \_\_\_\_\_

TOTAL AMOUNT OF FIXTURES: \_\_\_\_\_

TYPE OF INSTALLATION (3): \_\_\_\_\_

TOTAL AMOUNT OF FIXTURES: \_\_\_\_\_