



COMMERCIAL / INDUSTRIAL INFORMATION FORM

Date: _____

Ref No.: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED

Job Name or ID:

Customer Information:

Purchaser:		
Address:		
City:	Prov. / State:	Postal / Zip:
Telephone No.:	Fax No.:	Email Address:
Contact Person:		Cell No.:

Technical Information:

Light Level Required: _____ Footcandles or _____ Lux	Voltage Required:	Cycle: <input type="checkbox"/> 50Hz <input type="checkbox"/> 60Hz
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Area / Room Information:

Design of area / room: <input type="checkbox"/> Rectangle <input type="checkbox"/> L-Shape <input type="checkbox"/> Other, specify _____	
Overall dimension of area / room (attach floor plan or sketch to page 2, <input type="checkbox"/> Feet Width: _____ Length: _____ <input type="checkbox"/> Meters	
Define uses for areas / rooms (storage, detail assembly...)	Total number of areas:
Wall Finishing and Colour:	Floor Finishing and Colour:

Authorized Project Signatory: _____ Page 1.
 Please initial.



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Mounting Information:

Height of fixtures to be suspended:

Are there factors affecting the positioning of the fixtures or the delivery of light to the target (ie: large machinery, venting, racking...) Provide details in drawing. Yes No

Please provide drawing:

[Large empty box for drawing]

Additional Notes: _____

All layouts are based on the information provided by the Authorized Project Representative as per this information sheet. Any changes made regarding the information provided for this project must be submitted in writing to our Head Office.

Authorized Project Representative: _____
Signature

Print Name and Title