



# Pre Qualification Form

## Customer Information

Legal Business Name:

Contact Name:

 First  Last

Contact Email Address:

Phone Number:

  Ext.

Customer Tax Identification Number (EIN):

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Tax Status:

- C Corporation     S Corporation     Partnership     Non-Profit     Public  
 Trust/Estate     LLC     Individual / Sole Proprietor

## Facility Information

Project Scope:

Facility Address:

 Street  Unit  City  State  Zip Code

Facility Type: (Ex. office, warehouse, school, garage, gas station, ect.)

Square Footage of Building:

Is your facility leased?

 Yes  No

Months remaining on lease?

Are you under a Supply Contract?

 Yes  No

Who is your current supplier?

Lighting Voltage:

 110V  240V  277V  480V

Hours of Operation of Lights:

 Indoor  Outdoor

Air Conditioned or Heated Space?

 Yes  No

Are there occupancy sensors in place ?

 Yes  No

Does your current lighting utilize dimmers?

 Yes  No

What is the ceiling height of your facility?

## Estimated Bulb Count

Type of Existing Light Bulb

Watts

Quantity

Type of Existing Light Bulb

Watts

Quantity

Type of Existing Light Bulb

Watts

Quantity

Type of Existing Light Bulb

Watts

Quantity

## Customer Authorization

I authorize that I or another representative is available to meet for a full walk-through at the dates/times indicated to the below. I authorize that the electricity/natural gas utility bills for the above listed address are paid by the under signed directly and not as part of rent/lease.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sales Person:

Sales Contact Phone Number:

Sales Contact Email Address:

Date Submitted:

 /  / 

Attachments

- Copy of customer's complete electric bill     Pictures of indoor and outdoor fixtures     Additional bulb type/count sheet