



Ready to optimize your indoor grow operation?

Complete this form and send it to zerocool@rae-corp.com or text **ZEROCOOL** to **88202** to fill out the form digitally.

TELL US ABOUT YOUR GROW ROOM

1. **Grow Location:** (City and State) _____
2. **Room Type & Quantity:** Veg _____ Flower _____ Mother _____
3. **Lighting Type:** (circle one) HPS LED
4. **Number of Lights per Room:** _____
5. **Watts per Light:** _____
6. **Plants per Light:** _____
7. **Water Rate per Day per Plant:** (Gallons)

8. **Type of Watering:** (i.e. hydroponically, drip irrigation, etc.)

9. **Room Temperature:** Early Flower _____ Late Flower _____
10. **Room Humidity:** Early Flower _____ Late Flower _____
11. **Room Width:** (ft/in.) _____
12. **Room Length:** (ft/in.) _____
13. **Room Height:** (ft/in.) _____

CONTACT INFORMATION FOR PROPOSAL:

Contact Name: _____

Company or Project Name: _____

Email Address: _____ **Phone Number:** _____