

Customer Lighting Analysis



Company Name:

Nature of Business,
i.e.; MFG, Retail:

Address:

City:

State/Province:

Zip/Postal Code:

Customer Details

Primary Contact:

Position:

Phone:

Email:

Secondary Contact:

Phone:

Existing Fixtures (Please List Fixture Type Below)

Fixture Type	Quantity

Operating Hours (i.e.; Plant/Office)

Location/Comments	Monday to Friday		Saturday		Sunday	
	From	To	From	To	From	To

Additional Comments: