

Customer Info:

Name: _____

Phone: _____

Email: _____

Address: _____

Tell us About Your Grain Storage:

Brand? _____ No. of Bins? _____

Capacity? _____

Commodity(ies)? _____

Marketing Strategy/Duration? _____

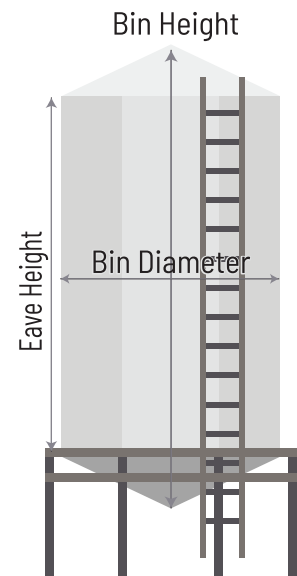
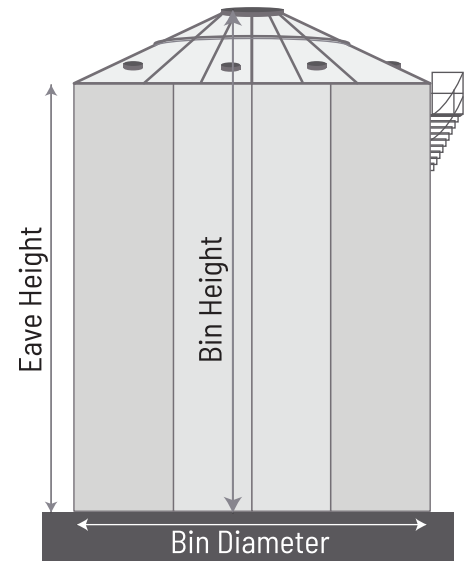
Current Markets? _____

Drying Practice? _____

Pain Points? _____

Goals/Expansions/Upgrades? _____

DEADLINE: _____



Bin Spec (Complete for Each Bin):

Capacity? _____ Diameter? _____ Rings? _____
Eave Height? _____ Bin Height? _____ Stiffeners? _____
Sidewall Sheets: Wide Narrow Roof Slope? _____ Center Cap? _____
Floor Height? _____ (Measure from top of concrete to first bolt.)
Spreader? _____ If yes: Electric Gravity Arm Length? _____
Hopper? Yes No Slope? _____ Foundation:? Concrete Metal
Existing Cables? Yes No Brand? _____ Installation Year? _____

Aeration:

No. of Vents? _____
No. of Heaters? _____ Type: Propane Natural Gas Electric
No. of Fans? _____ Type: Centrifugal Vane Axial
Brand? _____ HP? _____ RPM? _____
Dryer on site? Yes No If yes, spec? _____

Power:

Generator? Yes No Phase Converter? Yes No Electrical Restrictions? Yes No
If yes, explain _____

Value Building:

Energy Programs? Yes No If yes, specify: _____
Typical Harvest Date? _____ Moisture %? _____ Target Moisture % _____
Target Temp? _____ Typical Market Date? _____
Grows for? ? _____ Lead Source? ? _____