



CUSTOM RETROFIT FORM

SHIP TO DATE:

COMPANY NAME:

JOB NAME:

CONTACT NAME:

CONTACT PHONE & E-MAIL:

SHIP TO ADDRESS:

SALES REP:

INSIDE SALES ATTN. TO:

FIXTURE TYPE:

FIXTURE MANUFACTURER NAME:

FIXTURE MODEL NUMBER:

FIXTURE WATTAGE:

FIXTURE VOLTAGE:

RETROFIT TO: INDUCTION / LED / BEST FIT

RETROFIT WATTAGE PREFERRED:

- * Please fill out form and place in fixture box to be shipped to Neptun Light. (Address Below)
- * Please allow Neptun Light Engineering 1-3 weeks from time of receiving to design, build, and test custom kit.
- * Neptun Light. will supply a custom part number and installation instructions for each specific fixture.