

EXPEDITED RESPONSE FORM

For the fastest possible response to your ripening room needs, please print, fill out and submit this form via email to: sales@thermaltechnologies.com as soon as possible. Thank you very much! We look forward to working with you.

Contact Information (Please print clearly):

Name: _____ Title: _____
 Company: _____
 Address: _____ City: _____
 State/Prov.: _____ Country: _____ Postal Code: _____
 Phone: _____ Ext: _____ Cell: _____ Email: _____

Type of business:

Retailer Wholesaler Importer Other (describe): _____

1. **Do you currently have pressurized ripening rooms in your facility?** No Yes (how many): _____

2. **What types of fruit would you like to ripen?**

Bananas Avocados Pears Other (please specify): _____

3. **How many pallets of fruit to you currently ship each week?**

Bananas: _____ pallets Avocados: _____ pallets Pears: _____ pallets

Other Fruit (specify) _____ pallets

4. **What is your current ripening capacity in pallets:** _____

5. **What is your desired ripening capacity in pallets:** _____

6. **How many ripening rooms are you interested in building (est.)?** _____

7. **How many pallets would you like each room to hold (est.)?** (20 pallets = 1 shipping container)

10 20 40 Other (specify): _____

8. **How many days a week do you currently:** Receive Fruit: _____ Ship Fruit: _____

9. **Type of facility in which the rooms are to be installed** (choose 1):

Existing Warehouse Future New Construction Future Acquisition

10. **Do you plan to install ripening rooms in more than one facility?** Yes No

11. **What is the "clear" floor to ceiling height in the space you would like to construct** (distance from floor to the lowest obstruction pipe, conduit, sprinkler system, structural member, etc. that will not be removed):

Feet: _____ Inches: _____ or Millimeters: _____

12. **Are there any vertical building columns in the space?** No Yes

13. **Does the building have existing refrigeration capacity available for ripening rooms?** No Yes

14. **When would you like the rooms to be operational:** Month: _____ Year: _____

15. **How did you hear about Thermal Technologies:** _____

If available, please attach drawing(s) or a hand sketch showing the dimensions of the space in which you would like to build the rooms along with any available photographs (Please use jpeg or pdf formats) and submit via email along with this form and any additional questions to: sales@thermaltechnologies.com

THANK YOU! We review each form in the order received and will contact you once your information has been reviewed, usually within 7 business days.