PLEASE NOTE THAT ALL THE QUESTIONS ON THIS FORM NEED TO BE ANSWERED FOR PROPER PRODUCT CONFIGURATION AND FOR PROPER CUSTOMER SERVICE. PLEASE FEEL FREE TO WRITE TO US OR CALL US IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS FORM.

1) Customer Contact Information:

2) Customer Ship To Address and Contact Information:

3) Preferred method of shipping:

4) Customer Billing Contact Information:

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Page 1 of 14

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5) Effective Wattage Of Light Sources Per Fixture Desired:

<b>O</b> 300 WATTS	<b>400 WATTS</b>	• 450 WATTS	600 WATTS
650 WATTS	<b>0</b> 800 WATTS	<b>900 WATTS</b>	<b>1000 WATTS</b>
1200 WATTS	<b>O</b> 1600 WATTS		
5a) Number of Units Des 6) What kind of mountin 7) Custom mount desire	g system do you prefer: d: Yes, No.	permanent, _	removable.
8) Custom mount specia	I notes:		

9) What light frequency would you like the light sources to transmit (please check off what applies):

Multi-Spectrum-Full S	pectrum LEDs for O	ptimum Photosynthet	ic Wavelength Range	s (at least 12 Zones)

Include UVB Wavelength Ranges to increase Terpenes and to Control Fungal Growth, Mold, and Insects

40	0		<b>F</b>	Controller	<b>F</b>		/					<b>۱</b>
111	5	naciai	FOOTURO	1 Ontroller	FILDOTIO	nality	niasea	CNOCK	OTT W/D	ar ar	nlide	۱.
101		Declai	I Calure	CONTROLLET	i uncuo	rianty	i Dicase	CHECK		alai	JUICS	1.

븜	_Sunrise / Sunset Variable Color Wavelengths over time to mimic Natural Light Wavelength Frequency Changes during the day; Includes Soft Start & Soft End Light Cycles.
	_ Seasonal Variable Color Wavelength Control to mimic and control light wavelengths to provide the optimum wavelengths needed during different Growth Stages Progressing Seedling to Vegetative Stages to Flowering and Budding Growth Stages
	Light & Dark Cycle with Color Wavelength Selection Date and Time Period Control Management
	_Sleep Cycle Illumination Capability that does not wake up Plants and put them in photosynthetic mode
	_Multi-Layering of Selectable Optimum Light Color Wavelengths for Enhanced Emerson Effect Photosynthesis for more Aggressive & Quicker Vegetative Growth, Flowering & Budding, and to produce Higher Yields in less time with Greater Potency, Aroma, and Flavor
믄	_Wireless Interface Control to allow Controller / Smartphones / Computers to receive data from External Sensors
	_Wireless Manual Interface Control System to allow Controller / Smartphones / Computers to Manually Actuate and Control the Grow Light and External Devices & Systems used in Hydroponics, Aeroponics, Aquaponics / Indoor Growing Operations
	_Wireless Automatic Interface Control System to allow Controller / Smartphones / Computers to Automatically Actuate and Control the Grow Light and External Devices used in Hydroponics, Aeroponics, Aquaponics / Indoor Growing Operations based on Sensor Triggers and Programmable Logic Settings
느	_Plant Height Monitoring Sensor / Automatic Winch System to Automatically Raise Grow Light(s) above Plants as Plants Grow
	_Automatic Diagnostic Reporting of Failing Circuit Modules for easy User Self Maintenance
	_Motion Detection Alarm Circuits with Reports to Smart Phones and Computers, including Email Notification
	_ Camera to allow remote monitoring and to allow time-lapse snap shots of Grow Operations
	_ Intercom System to Speak to workers in the Grow Operation
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Page 3 of 14

11) What is the size of your grow table area that you want to illuminate? (Please check off what applies):

(4' X 4' square feet) (4' X 8' square feet).

12) What wireless sensors and systems would you like your Grow Lights to interface with for your growing operations? (Please check off all that apply.):

eight Monitoring, Water Level, Nutrient-Supplements-Fertilizer Levels,
-Supplements-Fertilizer TDS, EC, PPM Conductivity Concentration Levels,
& Hormone Levels, Humidity, Water Temperature,
Temperature, Air Temperature, pH,
e in hydroponics, aeroponics growing chambers, Soil Moisture,
af moisture, mist moisture, Leaf Color, Flower Color, Fruit Color,
lity, Dirt-Dust-and other contaminant monitoring, Oxygen Levels,
vels, Ozone Levels, Hydrogen Levels, Chlorine Levels,
onitoring, Light Intensity Monitoring, Energy Consumption Monitoring,
Mildew Detection, Detection, Algae Detection,
ection,
Detection,
Management Sensors to cool off luminaires,
Intercom Integration,
one for two way communication,
for monitoring crops and operations,
Detection for security alerts

13) What other Sensor Options would you like in your systems (continued):

Please include detailed information/notes for additional sensors that might be desired:

New Sensor Development in what area:

15) What other External Devices and Systems would you like to actuate, control and interface with? Please include detailed information/notes for additional external systems that might be desired:

16) How would you like to further configure your LED Lighting & Sensing System? Please specify all your configuration interests by checking off the features desired below:

Intensity Control Desired
Vertical Manual and Automatic Control to Raise or Lower Grow Light as Desired through a Winch System
RGB Multi-color Control of Light Sources to Produce Different Light Color Wavelength Recipes
Data Communication & Control Features Desired for Botanical Research and to automate or manually control growing operations remotely
Individual Fixture Control Desired
Fixture Group Control Desired
Saved Settings, Recall Setting(s), Select Setting, Scroll Settings Desired
RF Control Desired, RF Communication Desired
WIFI Or Blue Tooth Capability
Wired Control Desired, Wired Communication Desired
Thermal Shock Avoidance Technology (Prolongs LED & System Life)
GPS Location ID, Operating Status, Maintenance Alert, Area Surveillance Reporting, Bidirectional Communications & Control Capability Desired
Sensor/Multi-Sensor Array Interface Desired
Other, Please Specify:

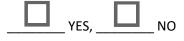
17) Other Configuration Notes:

18) What is your general profile:	Importer/Exporter, Di	istributor, Reseller,
Internet Reseller,	End Buyer-User (Corporation, not a F	Reseller),
End Buyer-User (Governn	nental), Manufacturer Repre	esentative,
Independent Sales Person	, End Buyer-User (Individual)	
19) To help us gauge production, and Purchase Volume for Grow Lights th	d give you the best price, what is your e at you expect to buy from us:	expected Annual Unit
O Under 100 Units	O 101-200 Units	201-300 Units
301-400 Units	• 401-500 Units	O 501-600 Units
001-700 Units	O 701-800 Units	<b>0</b> 801-900 Units
<b>9</b> 01-1000 Units	O 1001-2000 Units	2001-3000 Units
3001-4000 Units	4001-5000 Units	5000+ Units
20) How would you like to transact t	ousiness:	
Bank Wire Transfer,	Cashier's Checks, Corpo	rate Checks,
Personal Checks,	_ Money Order, Credit/Debit	t Card
Other, please specify:		

(Orders are made to order, are entered into the manufacturing queue and are assigned a batch number after the financial transactions above clear. You will receive an estimated date of delivery in your email. Please allow for extended shipping and delivery times especially for international high volume orders).

21a) Payment through ACH with order, 1% discount _		YES, _		_ NO
--	--	--------	--	------

21b) Payment through ACH to escrow account at time of order. Funds will be released to Uriel by escrow agent when goods have been accepted by customer, no more than 10 days after receipt of goods. Escrow fee paid by customer.



21c) Payment through ACH upon acceptance of goods, no more than 10 days after receipt of goods. Customer secures payment to Uriel by presenting bank letter of credit at time of order, from a bank acceptable to Uriel.

Yes,	_ No
 <u> </u>	 _ 110

22) Do you wish to set up EDI with our company? (surcharge will apply) \_\_\_\_\_ YES,

23) Are you interested in entering a multi-year purchasing agreement?

24) If entering into a multi-year purchasing agreement to get the best price, how many years would you like to make monthly or quarterly purchases:

25) If entering into a multi-year purchasing agreement to get the best price, what is your preferred

frequency of purchase? \_\_\_\_\_ Monthly, \_\_\_\_\_ Quarterly.

(The rest of this page is intentionally left blank.)

NO

Customer Detail Information & Communication(s) Section. (Please provide as much information here as possible. To best serve you please provide us with more than one way to contact you. If this information changes, please let us know by sending us an email at: management@urielcorporation.com.

26) If Corporate, Customer Website Address(es) are:

27) Customer Point of Contact(s), Name(s)/Title(s):

28) Customer email address(es):

29) Customer phone number(s) (office/land line):

30) Customer cell phone(s):

31) Customer (faxes):

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Page 11 of 14

32) Reseller Assistance Section. To assist you in getting more sales if you are a reseller, tell us how you sell:

sell:	
	_Business to Business (B2B), Business to Consumer (B2C), To Goverment(s)
33) How	do you sell? Please tell us which for all of the following:
	_ Through Web Sales, Through Brick & Mortar Sales, Both Web & Brick.
	_ Countries. We would like to sell to the following countries:
	_ Regions. We would like to sell in the following regions of said countries:
	_ Counties. We would like to sell in the following counties of said countries:
	_ Cities. We would like to sell in the following cities of said countries:
	. Zie Carden Werwardel like to gell in the following sin as dee of sold countries.
	_ Zip Codes. We would like to sell in the following zip codes of said countries :

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Page 12 of 14

Please answer the following information if it applies to you.

34) Reseller Tax ID Number:

35) Reseller/Corporation State/Country of Incorporation:

36) Reseller/Corporate Bank Account Information:

a)	
b)	Managed Surplus Inventory Account, for Deepest Discounts Desired
c) _	AVERAGE QUANTITY OF SURPLUS INVENTORY DESIRED
d)	Installation Service Desired e) Quantity to be installed
e)	5 Year Maintenance-Repair Contract Service Agreement (Renewable every 5 years, see terms)
37	) Product Configuration ID Number (to be filled out by customer in collaboration w/Uriel Agent):

(Product Configuration ID Number).

38) The following Uriel Corporation data is to be filled out by the customer in collaboration with Uriel Corporation Agent:

a) Uriel Corporation Customer Account Number:

b) Name of Uriel Corporation's Quote Engineer: Sales Executive, Sales Mgr., Sr. VP of Marketing & Sales:

c) Uriel Corporation's Executive or Manager's Office Location and Contact Information:

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39) The following Uriel Corporation data is to be filled out by the customer in collaboration with Uriel Corporation's sales agent (continued):

d) Name of Authorized Purchaser on behalf of Customer's Company:

e) Contact Information of Authorized Purchaser:

f) The Authorized Purchaser in 50d above certifies that he/she has placed this order after talking to a Uriel Corporation Sales and Marketing Agent, he/she has provided or agrees to all the data in this form and has submitted this form for final editing and review by the Uriel Corporation Manufacturing / Resource Review Team in collaboration with a Uriel Corporation Quotation Engineer:

\_\_\_\_\_\_Yes, \_\_\_\_\_\_No

g) The Authorized Purchaser in 50d above further certifies that:

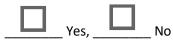
g.1) he/she has sent this form to Uriel Corporation for final review and editing of the Product

Configuration Order, the Order of which will consist of \_\_\_\_\_\_\_\_ number of units, where the order, quantity and other specifications cannot be cancelled. The Authorized Purchaser understands that they are required to pay an additional change fee if they require a change in the specification after the original order has been submitted. Purchaser further acknowledges that all products will be shipped FOB manufacturing site.

g.2) he/she has locked this PDF form with a security password to PROHIBIT EDITING OF THE FORM prior to sending the Product Configuration Form to Uriel Corporation at sales@urielcorporation.com for final editing approval and configuration by the Uriel Corporation Manufacturing/Resource Review Team,

g.3) he/she understands that Pricing, an Invoice, and estimated Delivery Dates will be forwarded to the Customer prior to the customer receiving a shipment,

g.4) he/she understands that the customer will be given a 10 day evaluation period to evaluate a product sample as ordered before (a) shipment(s) begin(s) of his/her full batch order(s):



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Page 14 of 14