WHICH IS THE RIGHT TRANSPLANTER FOR YOU?

CUSTOMER QUESTIONNAIRE

This information will help us to determine which model of transplanter will produce the best results for your transplanting requirements.

1. Please specify the types of crops to be planted with this transplanter?

______________________________________________________________________________

2. Kind of plants used and cell size? (Circle the relative plant)
   This is very important to know! The transplant plug size is critical to determine the shoe size!!
   A = in.__________________  B = in.__________________  C = in.__________________  D = in.__________________

3. Which kind of trays are you using? (hard, soft, number of holes,…)

______________________________________________________________________________

4. Are you planting on raised beds or on flat soil?

______________________________________________________________________________

5. Are you planting on plastic mulch?

______________________________________________________________________________

6. Number of planter units/rows on Transplanter?

______________________________________________________________________________

7. Distance between rows?           8. Plant-to-Plant spacing?

______________________________________________________________________________

9. What crop rotation are you following? Is there crop residue present? How much?

______________________________________________________________________________

10. Would like us to quote you the “no-till package”? (Includes row cleaner, ripper and large disc opener.)

______________________________________________________________________________

11. Do you wish to distribute granular fertilizer when transplanting?

______________________________________________________________________________

12. Do you wish to distribute water when transplanting?

______________________________________________________________________________

13. How many acres are you transplanting this season?

______________________________________________________________________________

14. When do you plan to start transplanting?

______________________________________________________________________________

COMPANY:__________________________________________________________________________DATE: __________________

CONTACT PERSON: __________________________________________________________________________________________

CONTACT CELL: ___________________________________________________________________________________________

CONTACT EMAIL: ____________________________________________________________________________________________

BUSINESS PHONE:  __________________________________________  FAX:________________________________________

BUSINESS ADDRESS: _________________________________________________________________________________________

Please complete questionnaire & either:
  - take picture & send to 208-520-8222
  - scan & email to CandM@allenintl.net
    - fax to 801-794-0554

Your C&M Authorized Dealer: