

STORE INFORMATION

Store name: _____

Location: _____

Manager or Store Associate submitting form:

Email: _____

Phone: _____

Grow type: Medical OLCC tier 1 OLCC tier 2

Growing style (medium aka soil, coco, mix please explain):

What Nutrients are they currently using?:

GROW FACILITY INFORMATION

Grow name: _____

Growers name: _____

Email: _____

Phone: _____

Website: _____

Instagram or Facebook page: _____

REQUESTED PRODUCT (SIZE AND QUANTITY)

MICROBOOSTER

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

VEG BUILDER

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

VEG NODE STRETCHER

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

FLOWER

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

CAL -MAGNUM

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

PK PUNISHER

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

SILICA TRICH RUSH

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

SUGAR FLUSH

Quart Quantity: ____ Gallon Quantity: ____ 2.5 Gallon Quantity: ____ 5 Gallon Quantity: ____

In an effort to help you succeed with the Nutes Nutrients line we may reach out for feedback and offer tips and suggestions. We have various methods and would ask that you take the time to execute these when you have become familiar with the product. We believe this is a fair request.

Hash tag us on social: #nutes #nutenutrients #poweredbynutes

www.nutesnutrients.com/questionnaire www.nutesnutrients.com/testimonials