

Thunder Configurator


Please complete this form and email to us at info@tempest.biz

Name	
Company	
Email	
Phone	
Project Name and Location	
Luminaire Make and Model	
Thunder Model	_____
Specification Level	Thunder <input type="checkbox"/> Thunder + <input type="checkbox"/>
Quantity	
Destination Country	
Install Date	
Orientation	Cover Up <input type="checkbox"/> Down <input type="checkbox"/> Horizontal <input type="checkbox"/>
Control (Thunder + only)	
Ethernet	For TEMP <input type="checkbox"/> For TSM <input type="checkbox"/>
Positive Pressure	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
Tempest System Manager	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
6500.013.2 Spare Foam Filter	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
51.HF.11 Spare Salt Fog Filter	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
Options	
Thermal Insulation	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
6500.XYZ Pole Mount	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
6500.XYZ.T Truss Mount	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
6500.XYZ.TB Floor Mount	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
6xxx.AM Angle Mount	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
4900.MC Pipe Clamp	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
4925.MC Pipe Clamp	No <input type="checkbox"/> Yes <input type="checkbox"/> Quantity:
Color	Standard, Light Bronze <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/>
	Custom, RAL # _____
	Gloss Level _____%

Custom Requests:

Factory Use Only:	
SO Number	
Date	
Electrical	IEC <input type="checkbox"/> NEMA <input type="checkbox"/>



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 In the interest of continuous product improvement, specifications are subject to change without notice