



Consulting & Farm Startup Application

General Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address, City, State, Zip Code Country

Farm Address: _____
Street Address, City, State, Zip Code Country

Best Contact Number: _____ Email: _____

Proposed Start Date (mm/yy) of Services: _____ Years of Experience in Seafood Farming .: _____

General Reason for Application: _____

Do you desire consulting services (Session, Hourly, or Package Charges)? YES NO If yes, check all boxes of all mediums you request I provide service Phone Our Pataskala Farm On Your Farm Online Skype

Do you desire physical farm startup services, including full/part system equipment setup/purchase (Per Item Charges)? YES NO If yes, detail what about startup you need help on: _____

Information About Your Farm

Are you currently producing product? YES NO

<p>If yes, explain more about your current operation (species, production, plans, etc):</p>	
---	--

<p>Please explain briefly your experience in aquaculture production and about your passion for the industry. Why do you do this (or why do you want to start an operation of your own)?</p>	
---	--

Request for Quotation

<p>Please explain in as much detail where my help is needed.</p>	
--	--

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that offered solutions to this Application are based on what's explicitly written above and any reasonable assumptions made in cases where the information is not provided.

If TOFA is not able to provide a solution directly, the company will refer, to the best of their knowledge, the customer to the right parties, but no promises are made to render TOFA legally responsible.

Signature: _____ Date: _____

Print Name: _____ Date: _____