

Cover Order Form

Dealer Name: _____ Customer # _____ Customer Job # _____

COVER DESCRIPTION

1. Manufacturer: _____
MAKE MODEL YEAR SHAPE/FORM

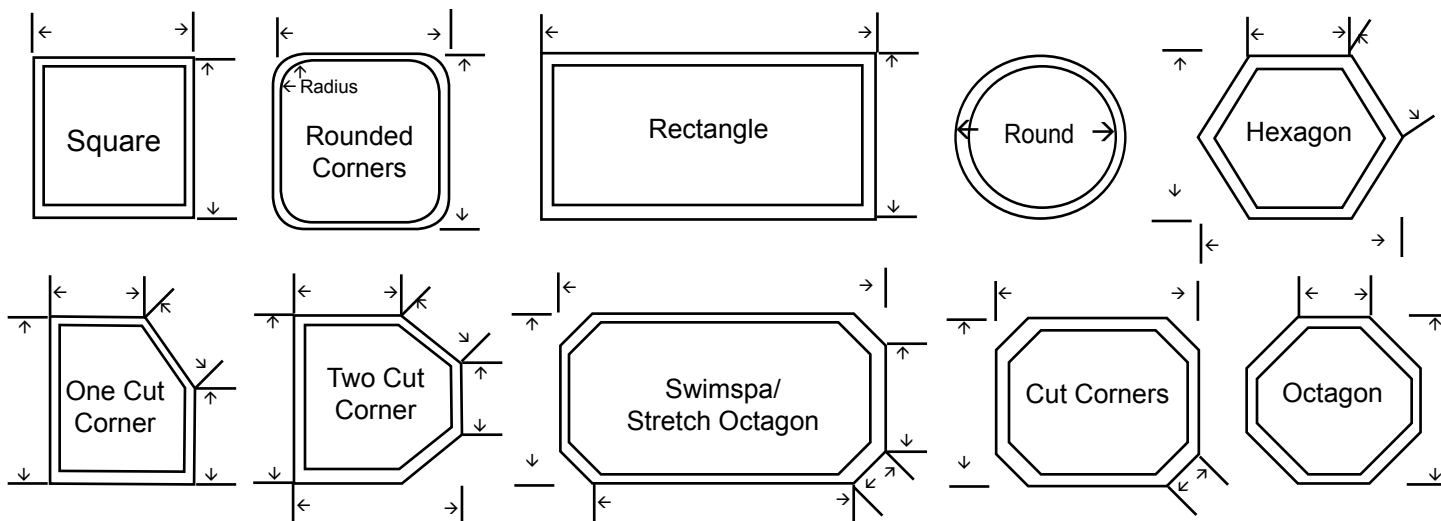
2. Standard Shape/Dimensions: _____
 ROUND SQUARE RECTANGLE OCTAGON

Rounded Curve Radius: _____ Cut Corners-Length: _____ Skirt/Lip Length: _____
(3 1/4" is Standard)

Number of Tie Downs: Two Four None Foam Density 1.0 1.5 2.0 Super Foam

3. Custom Covers: Free form shapes such as Ovals, Kidneys, or custom ingrounds may require a template. Refer to the Ideal template kit. Template service may be available (ask your dealer).

4. Colors: Tropical Blue Wildwood Navy Blue Rust Palomino Teal Almond Teal Gray Cranberry Charcoal Forest Green Adobe Sable Birchwood Teal



Cover specifications above were provided by: Dealer Spa Owner. Spa Owner assumes responsibility for cover specifications above.

Dealer Signature: _____

SPA OWNER ACKNOWLEDGEMENT - SIGN UPON RECEIPT OF COVER.
I acknowledge receipt of my Ideal Cover per the specifications above. I have examined the cover and find it is in acceptable condition. Any Damage I cause to the cover as a result of transporting is my responsibility.

Spa Owners Signature: _____ Date _____

Amount: _____

VAT: _____

TOTAL: _____

Balance Due: _____

Order Form MUST accompany ANY order.