

SPA COVER ORDER FORM

FROM:	DATE ORDERED	P.O. NUMBER
	ORDERED BY (NAME)	CUSTOMER LAST NAME
SPA INFORMATION		
BRAND NAME	MODEL NAME OR NUMBER	YEAR MANUFACTURED

Spa Cover Information and Measurements (Please mark all measurement in inches)

Make (Optional): _____ Model (Optional): _____ Year (Optional): _____

ATTN: PLEASE MARK HINGE DIRECTION IF CRITICAL

Rectangle or Square with Rounded Corners (RC)

A: _____
B: _____
RC: _____
mark N/A if corners are squared

Round

A: _____

Rectangle or Square with Rounded Corners (RC)

A: _____
B: _____
CC: _____

Octagon (all sides are the same)

A: _____
B: _____
C: _____

Full Heat Seal	Hinge Handles
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO
FASTENERS	
<input type="checkbox"/> Side Release	
<input type="checkbox"/> Center Release	
<input type="checkbox"/> Adjustable	
Double Wrapped Foam	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

FOAM STYLE	SKIRT LENGTH	COLORS	FASTENERS
<input type="checkbox"/> Basic	<input type="checkbox"/> 1" <input type="checkbox"/> 2.5" <input type="checkbox"/> 4"	<input type="checkbox"/> Brown <input type="checkbox"/> Rust <input type="checkbox"/> Tan	Length: _____ # of Fasteners: _____
<input type="checkbox"/> Standard	<input type="checkbox"/> 1.5" <input type="checkbox"/> 3" <input type="checkbox"/> 4.5"	<input type="checkbox"/> Almond <input type="checkbox"/> Mocha <input type="checkbox"/> Forest	
<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 2" <input type="checkbox"/> 3.5" <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ash <input type="checkbox"/> Pacific <input type="checkbox"/> Maroon	
<input type="checkbox"/> Super	<input type="checkbox"/> 2" <input type="checkbox"/> 3.5" <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gray <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Mega	<input type="checkbox"/> 2" <input type="checkbox"/> 3.5" <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Spa cover specifications above were provided by: Dealer Spa Owner Amount: \$ _____

Spa owner assumes responsibility for cover specifications above. Allow approximately 3 weeks from date ordered. Tax: \$ _____

Total: \$ _____

Balance Due: \$ _____

Signature: _____ Date: _____

I acknowledge receipt of my Elite Spa Cover per the specifications above. I have determined 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: _____