

Order Taken By: _____

Date: ____/____/____



Spa Cover Order Form

Order # _____

Customer Name: _____

Spa Brand: _____

Street Address: _____

City: _____

Spa Model: _____

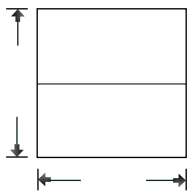
Phone Number: (____) _____

Email: _____

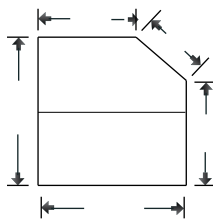
Year: _____

Choose the template that is most similar to the shape of your spa. Enter the required dimensions where indicated and general location of straps if applicable.

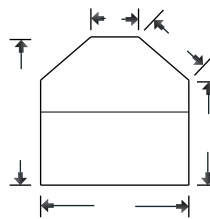
SQUARE



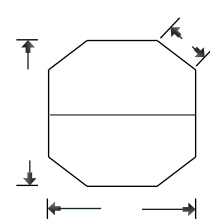
SQUARE W/CUT CORNER



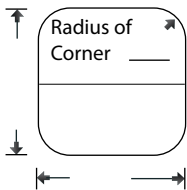
SQUARE/RECTANGLE W/ 2 CUT CORNERS



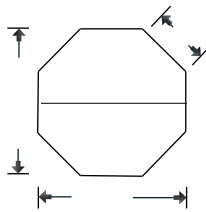
SQUARE W/ 4 EQUAL CUT CORNERS



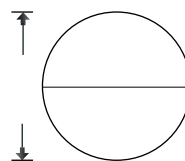
SQUARE/RECTANGLE WITH ROUND CORNERS



OCTAGON



ROUND



Foam Density

Std. 1lb. 2lb.

Add \$ 100.00 for 2lb.

Flaps Std. 3" Flaps

No Flaps

Slit or Connected

Straps 2 Straps Std.

4 Straps No Straps

Location of Straps

Handle Sides Corners

Color: _____

Special Instructions: _____

The spa cover will be made to the specifications provided by the customer. It is the responsibility of the customer to ensure the accuracy of their measurements.

PLEASE REMEMBER THAT ONCE A COVER IS MANUFACTURED IT CANNOT BE ALTERED OR RETURNED

Spa Owner Signature: _____

\$649 Standard Cover 8' x 8' or under 1lb. Foam. \$ _____

Date: ____/____/____

Tax \$ _____

Cover Received By: _____

Delivery \$75 \$ _____

Date: ____/____/____

Total \$ _____

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