

FOR DEALER USE

Order Date	Sales Location
P.O. #	Sales Person
Due Date	Estimate Only Order



Spa Cover Order Form
Chemex Pool & Spa Supply



Tel (631) 724-2284
Fax (631) 724-2285

INSTRUCTIONS

COLOR OF NEW COVER: CIRCLE ONE
 RUST WALNUT TAN WILDWOOD
 GREY ASH BURGUNDY
 NAVY SKY BLUE TEAL FOREST GREEN

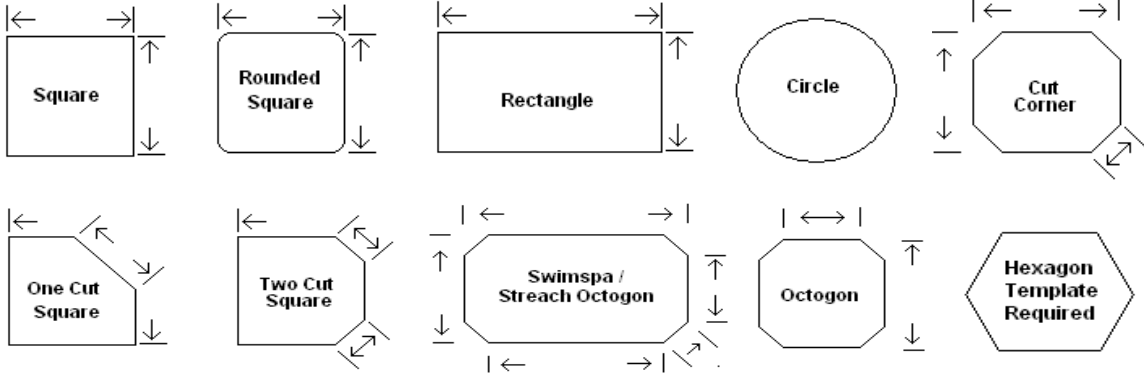
1 IF YOU KNOW THE SPA BRAND / MODEL FILL IN THIS SECTION

SPA BRAND _____
 MODEL NAME _____ YR _____

2 If you are unsure of the spa brand / model, circle the shape that applies and fill in **ALL** dimensions using **OUTSIDE** spa lip dimensions. **BE SURE TO NOTE HINGE DIRECTIONS AND RADIUS.**

3 If none of these shapes apply, a plastic template will be required.

SPA OWNER _____
 ADDRESS _____
 CITY _____
 HOME PHONE _____ BUSINESS PHONE _____



AGREEMENT BETWEEN DEALER & SPA OWNER:

Cover specifications above were provided by: Dealer Spa Owner
 Spa Owner assumes responsibility for cover specifications above.
 Allow approx. 3 weeks from date of order.

Spa Owner Signature _____

Amount \$ _____
 Add Tax \$ _____
 Total \$ _____
 50% Deposit \$ _____
 Balance Due \$ _____

X

SPA OWNER ACKNOWLEDGEMENT- Sign upon receipt of cover

I acknowledge receipt of my SUNSTAR Cover per the specifications above. I have examined the cover and find it in acceptable condition. Any damage I cause as a result of transport is my responsibility.