

Dealer Name: \_\_\_\_\_

Dealer City: \_\_\_\_\_

Dealer State: \_\_\_\_\_

Dealer Phone: \_\_\_\_\_

Dealer Fax: \_\_\_\_\_



# Spa Cover

# Order Form

Fax Orders to 1-800-335-8527

Customer Name \_\_\_\_\_ PO# \_\_\_\_\_ HWP JOB# \_\_\_\_\_

Salesperson \_\_\_\_\_

## COVER DESCRIPTION

1. Manufacturer: \_\_\_\_\_  
MAKE MODEL YEAR SHAPE/FORM

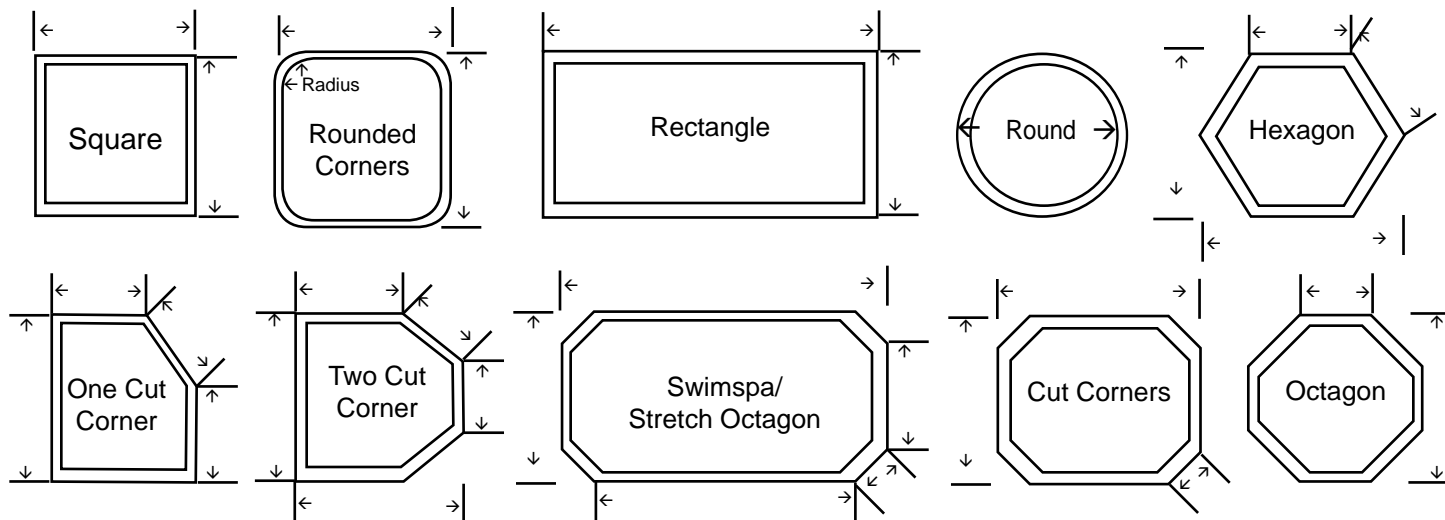
2. Standard Shape/Dimensions: \_\_\_\_\_  
(IN INCHES ONLY)

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.

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



### AGREEMENT BETWEEN DEALER & SPA OWNER

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

Spa Owners 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: \_\_\_\_\_

Add Tax: \_\_\_\_\_

TOTAL: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Order Form MUST accompany ANY order.

POLICY: Please order carefully!!! Ideal will not accept returns on covers that are ordered wrong. Some standard models may be returned for a 25% re-stock fee.