

CUSTOM SPA COVER FORM

4010 Palos Verdes Drive North Suite 200-C • Rolling Hills Estates, CA 90274 • Phone: (310)767-6331 • www.iPoolsinc.com

Name: _____ Cell Phone: _____

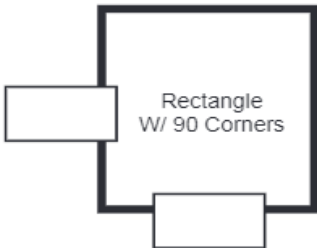
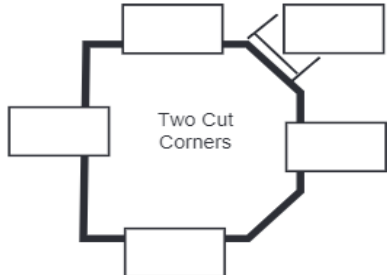
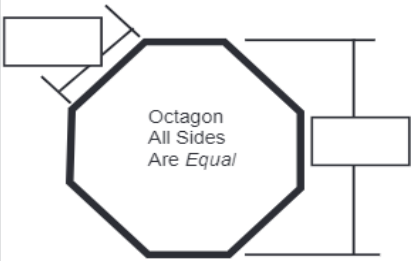
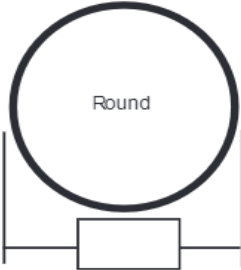
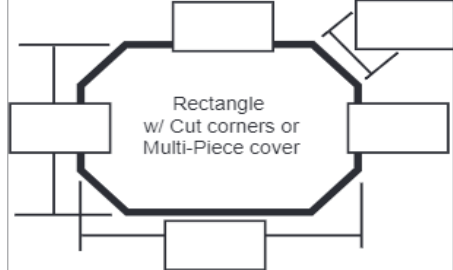
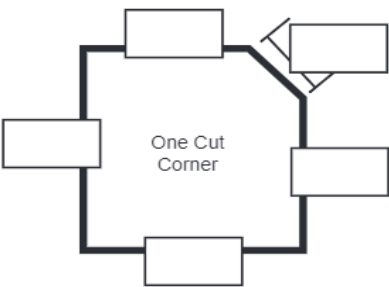
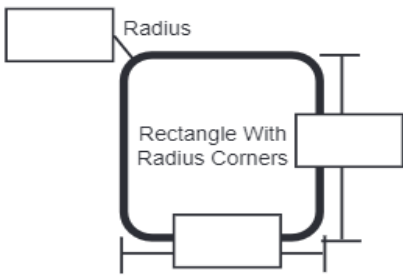
Address: _____

City: _____ State: _____ Zip: _____

Cover must be paid in full. Custom orders may take up to 2-4 weeks to receive.

If you do not see the shape you need please draw it in the blank square.

Please draw a line through the diagram indicating where the fold will be

Make: _____ Model: _____ Year: _____ Size: _____	 <p>Rectangle W/ 90 Corners</p>	 <p>Two Cut Corners</p>	
 <p>Octagon All Sides Are Equal</p>	 <p>Round</p>	 <p>Rectangle w/ Cut corners or Multi-Piece cover</p>	
 <p>One Cut Corner</p>	 <p>Radius Rectangle With Radius Corners</p>		
<p>Color Options</p> <input type="checkbox"/> Adobe <input type="checkbox"/> Walnut <input type="checkbox"/> Cranberry <input type="checkbox"/> Teal <input type="checkbox"/> Forest <input type="checkbox"/> Wildwood <input type="checkbox"/> Rust <input type="checkbox"/> Almond <input type="checkbox"/> Navy Blue <input type="checkbox"/> Gray <input type="checkbox"/> Tropical <input type="checkbox"/> Birchwood <input type="checkbox"/> Sable <input type="checkbox"/> Charcoal <input type="checkbox"/> Palomino	<p>Tie Downs</p> <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> None	<p>Skirt/Lip: 3 1/4" (standard)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Custom Length: _____	<p>Type of Foam (Prices Vary)</p> <input type="checkbox"/> 1# Foam <input type="checkbox"/> 1.5# Foam <input type="checkbox"/> 2# Foam

By signing this from buyer acknowledges the following: **ALL SALES ARE FINAL. PAYMENTS ARE NOT REFUNDABLE.**
 Cover specifications were provided by the customer. Buyer assumes responsibility for cover specifications.

Buyer Signature: _____ Date: _____

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