

Thermal Spa Cover Order Form

PO# _____

Customer: _____ Date: _____ Sales Person: _____

North Eastern Pool and Spa
101 Ontario Street
East Rochester, NY 14445
Tel. # : (585) 385-7946
Fax # : (585) 899-5270

Customer Address: _____

Phone: _____

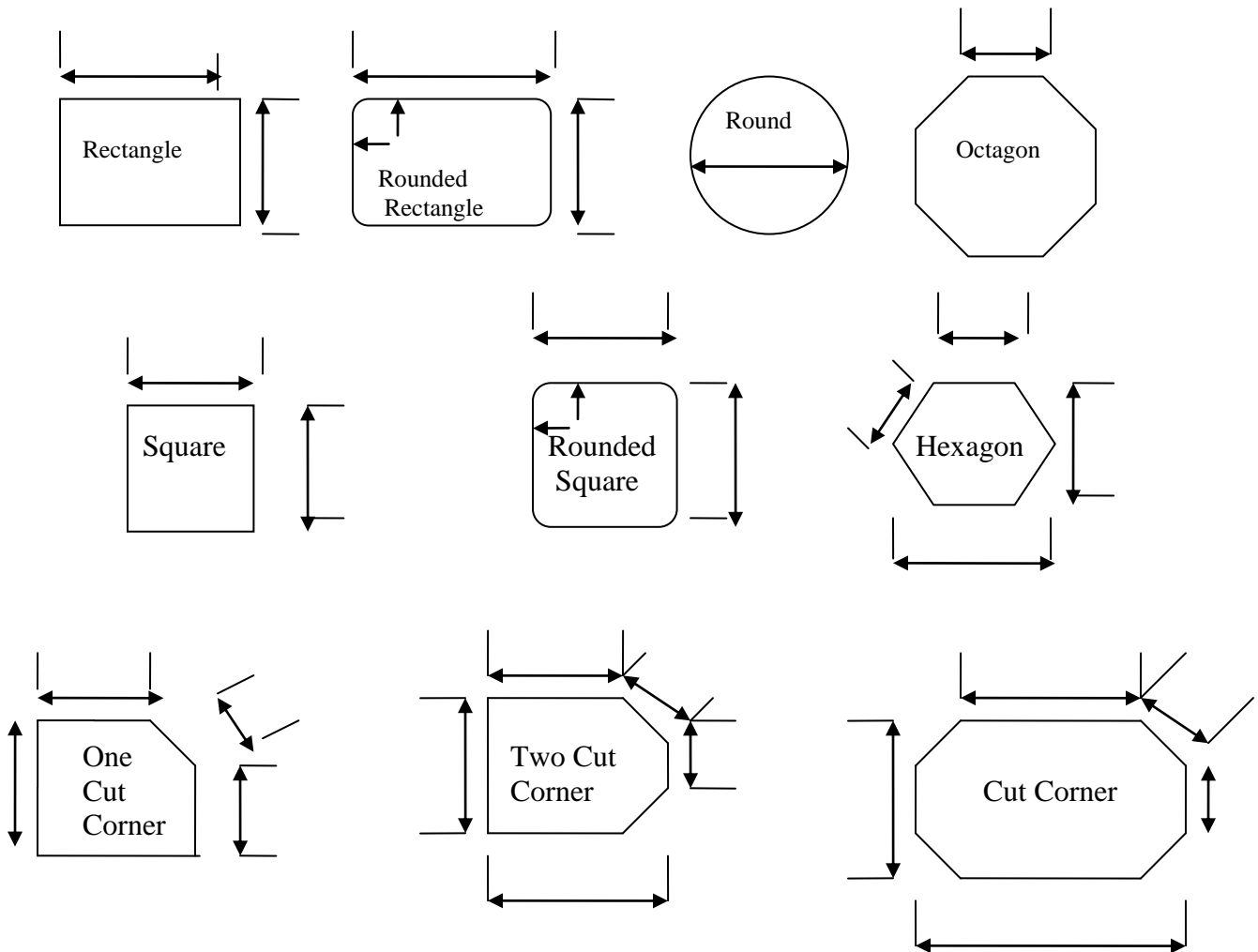
Please ship to North Eastern Pool and Spa address unless requested otherwise

Specifications:

Skirt Length: _____ Taper: _____ Radius: _____
Foam Density: _____ Spa Brand: _____ Model Name: _____ Year: _____

Specific Location of Tie Downs: No _____ Yes _____ If Yes Please indicate location on the reverse side in the space provided

Dimensions:



Please See Reverse Side

Color:

- | | | | |
|-----------------------|----------------|-------------------|---------|
| 1. Charcoal Grey | 2. Nu-Slate | 3. Hunter Green | |
| 4. Capistrano Redwood | 5. Ensign Blue | 6. Wildwood Brown | |
| 7. Mocha | 8. Merlot | 9. Tropical Blue | 10. Tan |

Amount: \$ _____

Date Ordered: _____

Tax: \$ _____

Date Received: _____

Total \$ _____

Date Customer
Notified and by Whom: _____

**Payment required in full prior
to placing order**

Date Picked Up: _____

Use this space to indicate specific location of straps (if applicable)
and the direction of the fold

Dimensions have been measured and/or verified by the spa owner. All spa covers are manufactured custom per order and the dimensions have been acknowledged as correct by the spa owner. Spa covers are non-refundable.

Spa Owner Signature: _____