

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:

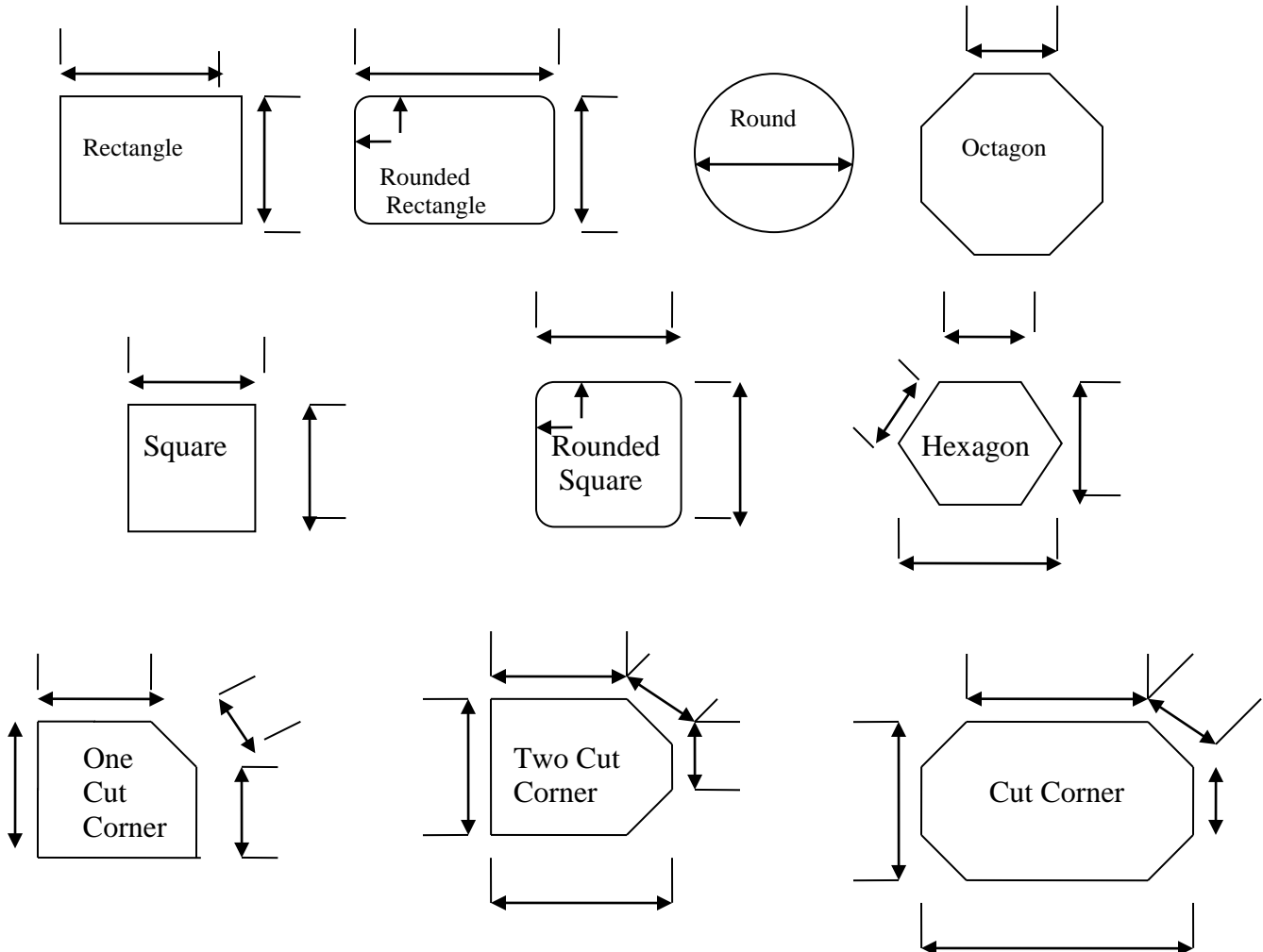
Skirt Length: _____ Taper: _____ Radius: _____

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

Double Wrap Foam All covers include 2 handles, 4 tie downs 7" long

Dimensions:



Please See Reverse Side

Color:

1. Charcoal Grey 2. Light Grey 3. Hunter Green 4. Brown
5. Navy 6. Light Brown 7. Mocha Brown 8. Burgundy
9. Tropical Blue 10. Tan 11. Slate 12. Teal

Amount: \$ _____

Date Ordered: _____

Double Wrap: \$ _____

Date Received: _____

Tax: \$ _____

Date Customer

Total: \$ _____

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: _____