

CoreCoversOrderForm

The Perfect Fit

Tel. 855-763-7450

Fax:(800)641-9824

corecovers.com

1 Customer Information

Name: _____

Street: _____

City: _____

State/Province: _____ Zip/Postal: _____

Email: _____

Phone: _____

2 SpaBrand: _____

SpaModel: _____

Model Year: _____

3 ChooseYourFoamC onfiguration

CoverThickness

4"to2.5"

5"to3"

6"to4"

FoamDensity

1.0 lb

1.5 lb

2.0 lb

4 Choose Your Vinyl Color

Rust

Wine

Tan

DarkBlue

SkyBlue

DarkGreen

Bourbon

Oxen

Mahogany

CoastalGrey

Walnut

DarkGrey

(Optional) Sunbrella[®]

Brown

Charcoal

Rust

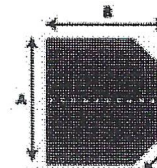
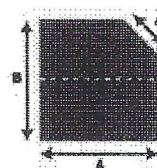
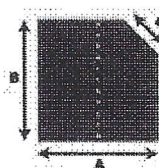
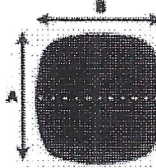
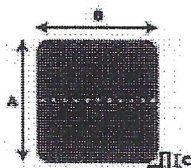
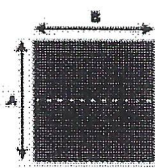
(AdditionalCost)

5 Choose Your SpaCoverS hape andColor

Circle or check one and fill all dimensions to the right using OUTSIDE spa lip dimensions



Enter Info Here:



A: _____

B: _____

C: _____

Square/Rectangle

Rounded Square

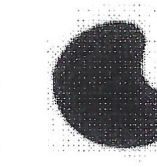
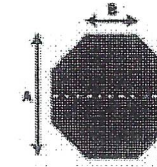
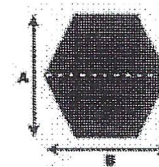
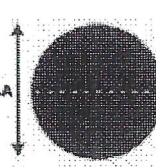
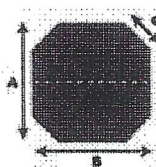
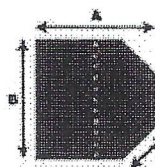
Elliptical

1 Cut Corner A

1 Cut Corner B

2 Cut Corner A

Skirt: _____



Strap(s):

Location: _____

Length: _____

Inset: _____

2 Cut Corner B

4 Cut Corner

Round

Hexagon

Octagon

Custom

Notes: _____

Select Your U pgrades (optional)

- Double Wrap
- Continuous Heat Seal
- Wind Straps
- Cover Cap

- Cover Specification provided by : Spa Owner Dealer
- Spa owner assumes responsibility for cover specifications.
- Please allow approximately 3 weeks for order to be filled.

Spa Owners Signature _____

Date _____

6

RECEIPT

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

Spa Owners Signature _____

Date _____

Dealer Fields

Dealer Code: _____

PO#: _____

Order Date: _____

Due Date: _____