

Special Liner Order Form

Dealer Name: _____

Address: _____

Date: _____

City: _____ P.C. _____

Your Name: _____

Phone: _____ Fax: Text _____

P.O.: _____ Tag: _____

Kidney

Wall Height: _____

Depth: _____

Pattern: _____

Wall: _____

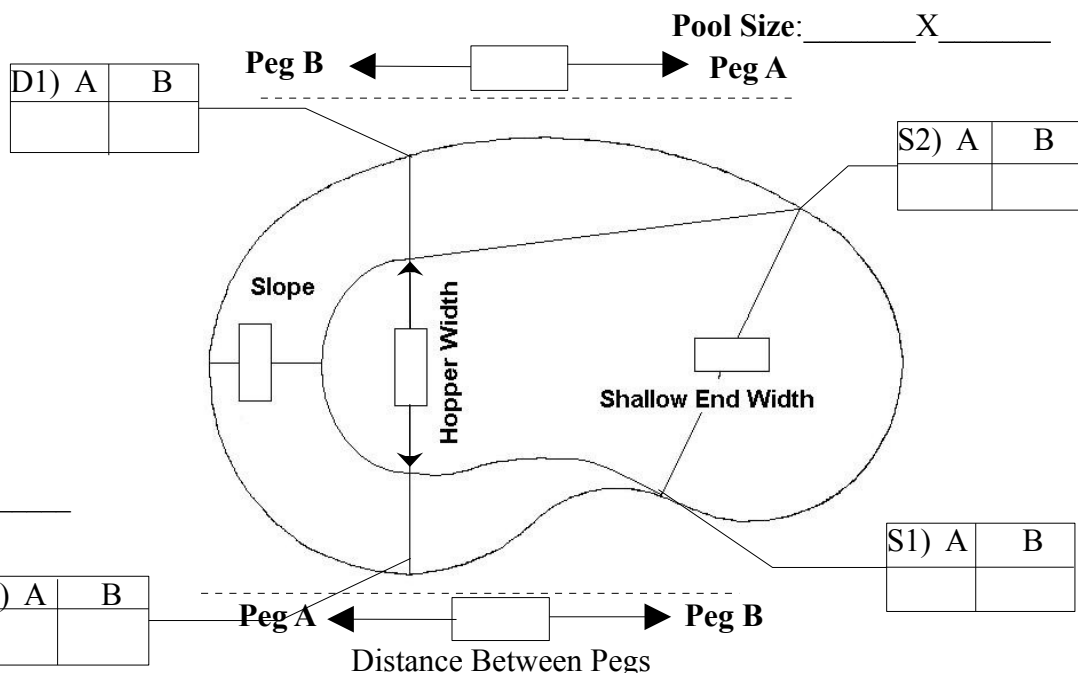
Floor: _____

Perimeter: _____

Manufacturer: _____

Bead: (circle) White

Black Grey Tan



PT	A	B	PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			9			17			25			33		
2			10			18			26			34		
3			11			19			27			35		
4			12			20			28			36		
5			13			21			29			37		
6			14			22			30			38		
7			15			23			31			39		
8			16			24			32			40		

Instructions:

- 1) Place pegs A and B between 10-20 feet apart **OUTSIDE THE DOTTED LINE**.
- 2) Measure from points S1, S2, D1 and D2 to peg A, then peg B.
- 3) Measure from points A & B in 2-3 foot intervals around the perimeter of the pool and record on chart. All spaces may not be needed. Use another sheet if more are required.
- 4) **Fill in all Measurements on Drawing** in Feet and Inches (to the nearest Inch).

NOTE: This sheet will work for Straight Back Kidneys

Office Use Only

Serial #: _____
Advised: _____
Ship By: _____
Price: _____
Net: _____
PST: _____ GST: _____