| Order Taken By:                         |                            | Da                                       | ite://                           |
|---|----------------------------|--|----------------------------------|
| <b>COHLER</b>                           |                            | Or                                       | der #                            |
| POOL & SPA S                            |                            | <b>Cover Ord</b>                         | er Form                          |
| Customer Name:                          |                            |  | Spa Brand:                       |
| Street Address:                         |                            | _ City:                                  |                                  |
| Phone Number: ()                        | Email:                     |  | Year:                            |
| Choose the template th where indicated. | at is most similar to th   | ne shape of your spa. Ente               | er the required dimensions       |
| SQUARE                                  | SQUARE<br>W/CUT CORNER     | SQUARE/RECTANGLE<br>W/ 2 CUT CORNERS     | SQUARE W/ 4 EQUAL<br>CUT CORNERS |
|   |                            |  |                                  |
| SQUARE/RECTANGLE                        | OCTAGON                    | ROUND FO                                 | am Density                       |
| WITH ROUND CORNERS                      | - <u>/</u> k               | Std                                      | .1lb 2lb                         |
| Radius of Corner                        |                            |  | d \$ 100.00 for 2lb.             |
|   |                            |  |                                  |
| ¥+                                      | →                          | Fla                                      | ps Std. 3" Flaps                 |
| Color:                                  |                            |  | Flaps                            |
| Special Instruction                     | ne.                        |  |                                  |
|   | ///J                       | Str                                      | aps 2 Straps Std.                |
|   |                            | 4 St                                     | traps 🔲 No Straps 🗌              |
| The spa cover will be may               | de to the specifications r |  | is the responsibility of the spa |
| owner to ensure the accur               | racy of their measureme    | ents.                                    |                                  |
|   |                            | red it cannot be altered or r<br>Sub Tot | _                                |
| Spa Owner Signature:                    |                            | Tax                                      | al \$<br>\$                      |
| Date://                                 |                            |  |                                  |
|   |                            |  | al \$25 \$                       |
| Cover Received By:                      |                            |  | y \$25 \$                        |
| Date://                                 |                            | Total                                    | \$                               |
| 368 N. El Camino R                      | eal, Encinitas, CA 92      | 2024 Ph: 760-753-004                     | 2 Fax: 760-753-1603              |

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