



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 Choose Your Foam Configuration

Cover Thickness
 4"to2.5"
 5"to3"
 6"to4"

Foam Density
 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

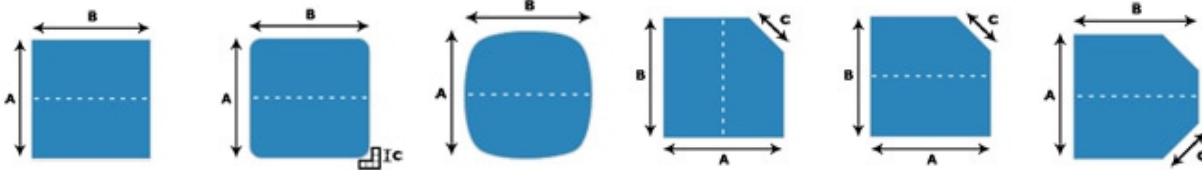
(Optional) Sunbrella®
 Brown
 Charcoal
 Rust
 (Additional Cost)

5 Choose Your Spa Cover Shape and Color

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



Enter Info Here:



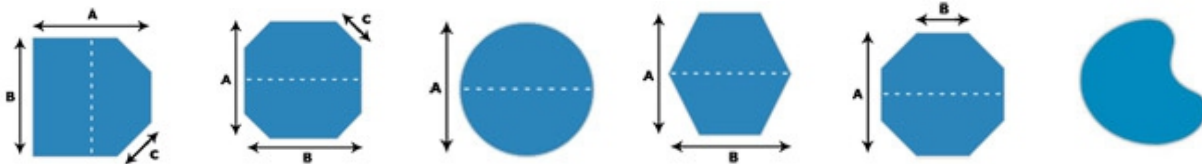
A: _____

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 Upgrade (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 caused to the cover as a result of transportation is my responsibility.

Spa Owners Signature _____

Date _____

Dealer Fields

Dealer Code: _____

PO#: _____

Order Date: _____

Due Date: _____