



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

Choose Your Vinyl Color

Rust
 Wine
 Tan
 DarkBlue
 SkyBlue
 DarkGreen

Bourbon
 Oxen
 Mahogany
 CoastalGrey
 Walnut
 DarkGrey

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

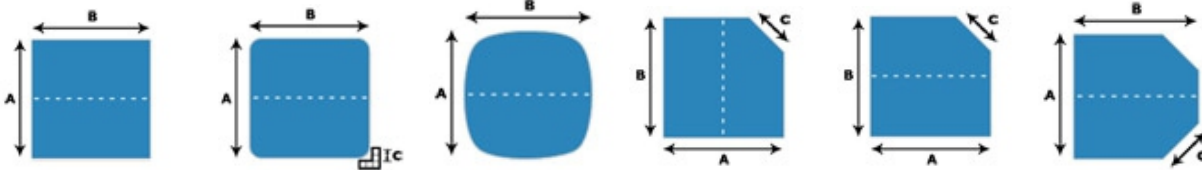
4

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:



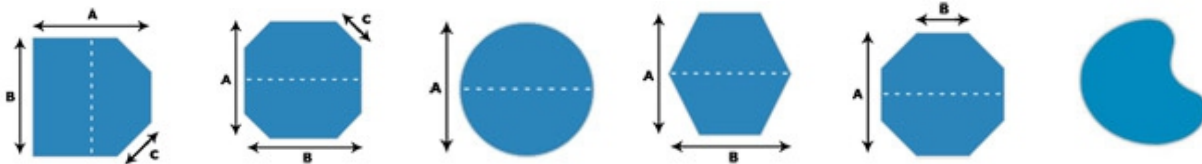
A: _____

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: _____