

American

Pool and Spa Products, LLC.

SPA COVER ORDER FORM

FAX TOLL-FREE: 866.231.2932

Shipping Address [If different]

Name _____
Street _____
City _____ **State** _____
Zip _____ **Country** _____
Phone _____ **Fax** _____

Billing Address

Name _____
Street _____
City _____ **State** _____
Zip _____ **Country** _____
Email _____

Spa Manufacturer _____ **Spa Model** _____

Customer Name / PO _____ **Year** _____

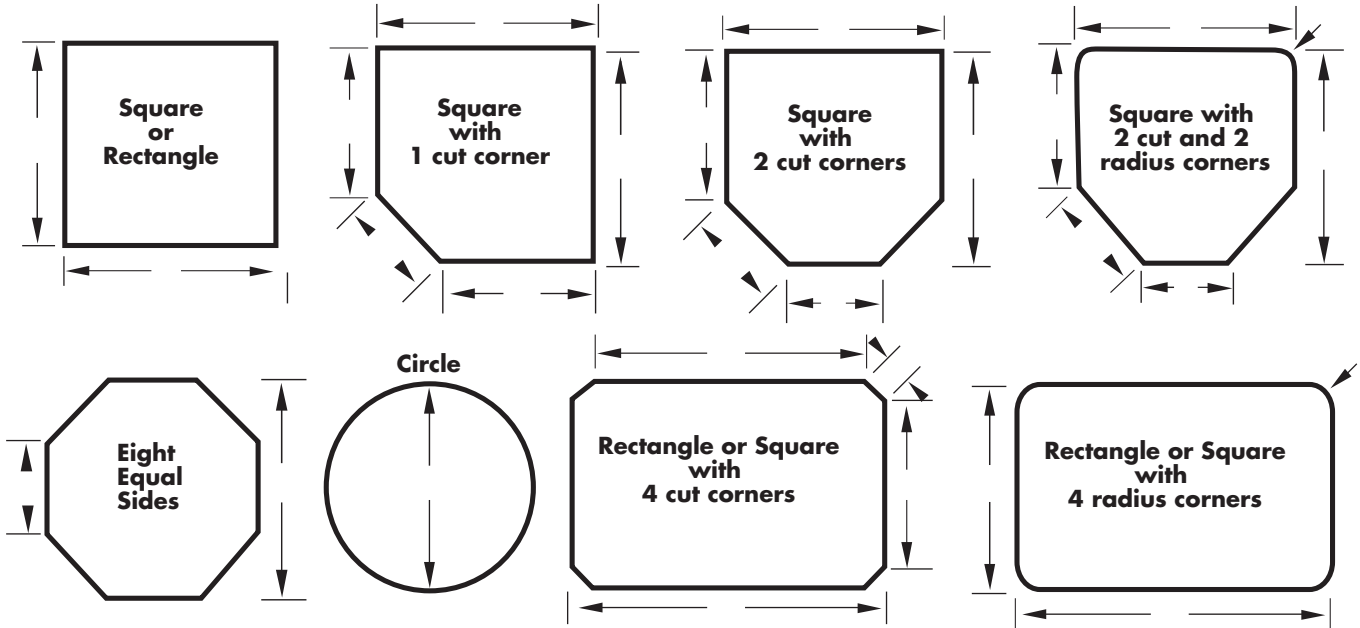
Spa Type Portable [Standard 2" Skirt] In-Ground [No Skirt] Other _____

Cover Model Standard [1# Density foam insert] Heavyweight [2# Density foam insert]

Foam Insert 3" -2" Taper 2" Flat 3" Flat 4" - 3" Taper Other _____

Color Cajun Rust Teal Black Navy Sky Blue Wildwood Brown
 Grey Almond Beige Cranberry Charcoal Hunter Green

Please put **outside** spa dimensions on designs below. **PLEASE NOTE CORNER RADIUS**



Price _____ **+ Shipping** _____ **Payment** Credit Card Money Order [Circle one]

Name _____ **Credit Card** MC VISA [Circle one]

CC Number _____ **Expiration** _____ **Total** _____

Date _____ **Signature** _____

Ordered By _____ **Instructions** _____

Cover must be paid in full before delivery. A 50% deposit must accompany custom orders