



Special Order Form

Tel. (855) 763-7450 | Fax: (800) 641-9824 | Web: corecovers.com

STEP 1 Customer Information

Name		Phone	
Street		City	
State/Province	Zip	E-Mail	

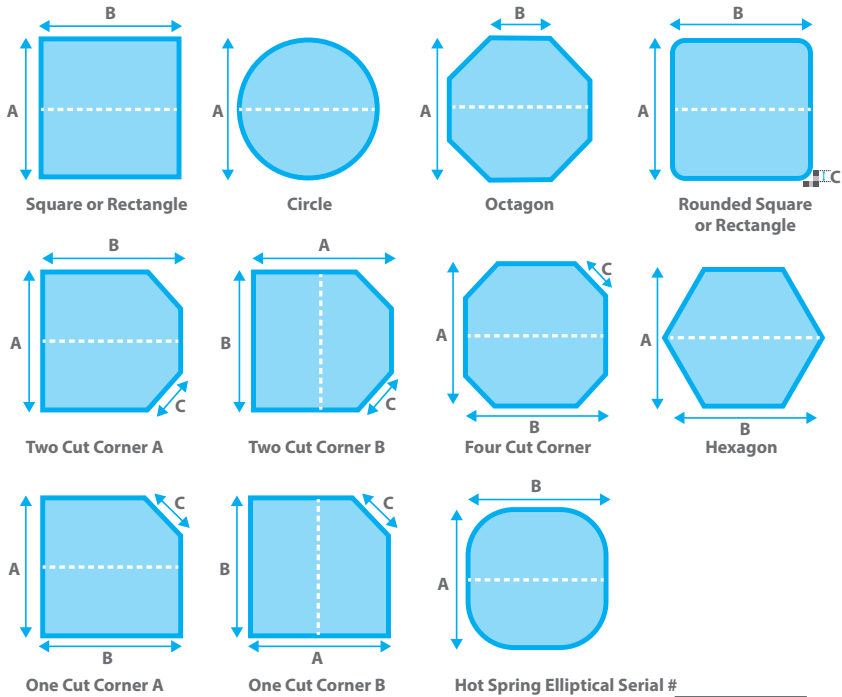
STEP 2 Spa Information

Spa Brand	Spa Model	Model Year
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STEP 3 Select The Shape Of Spa Cover

DIMENSIONS

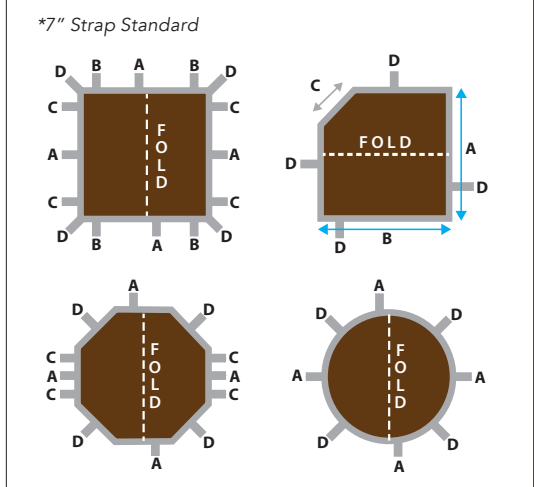
Circle and fill all dimensions using outside lip dimensions.



Strap Location

Strap Location

Strap Length Strap Inset



NOTES:

STEP 4 Choose Material / Color

Vinyl <input type="checkbox"/> Gray <input type="checkbox"/> Mayan Brown <input type="checkbox"/> Tan <input type="checkbox"/> Coastal Gray <input type="checkbox"/> Bourbon <input type="checkbox"/> Oxen <input type="checkbox"/> Charcoal <input type="checkbox"/> Briar Brown <input type="checkbox"/> Parchment <input type="checkbox"/> Black <input type="checkbox"/> Mocha <input type="checkbox"/> Hunter Green <input type="checkbox"/> Cajun Rust <input type="checkbox"/> Walnut <input type="checkbox"/> Navy Blue <input type="checkbox"/> Wildwood <input type="checkbox"/> Mahogany <input type="checkbox"/> Sky Blue			Weather-Shield <input type="checkbox"/> Oxford Grey <input type="checkbox"/> Jet Black <input type="checkbox"/> Desert Taupe <input type="checkbox"/> Coffee Brown <input type="checkbox"/> Brazilian Mahogany
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STEP 5 Choose Foam Density

Cover Thickness <input type="checkbox"/> 4" to 2.5" <input type="checkbox"/> 5" to 3" <input type="checkbox"/> 6" to 4"	Foam Density <input type="checkbox"/> 1.0 lb <input type="checkbox"/> 1.5 lb <input type="checkbox"/> 2.0 lb
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STEP 6 Upgrades (optional)

<input type="checkbox"/> Double Wrap <input type="checkbox"/> Continuous Heat Seal <input type="checkbox"/> Reinforced Hinge <input type="checkbox"/> 8 x 8 Cover Cap <input type="checkbox"/> Hot Spring Lift Plates

Cover specifications provided by:

Spa Owner Dealer

Spa owner assumes responsibility for cover specifications.

(Please allow approximately 3 weeks for order to be filled.)

DEALER USE

Dealer Code: _____

PO#: _____

Order Date: _____

Due Date: _____