

Ideal Spa Cover Order Form

Step 1: - Spa Specifications:

Brand: _____

Model: _____

Year: _____

Step 2: - Foam Density

<input type="checkbox"/>	1# Foam, R Value 12.7
<input type="checkbox"/>	1.5# Foam, R Value 13.5
<input type="checkbox"/>	2# Foam, R Value 14.7

Step 3: - Taper:

<input type="checkbox"/>	4"-2" Taper	<input type="checkbox"/>	5"-3" Taper
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Step 4: - Specify Shape (Check Box)

Shapes not listed here may require a template. Please call for more info.

<p><input type="checkbox"/> Square/Rectangle with Round Corners</p>	<p><input type="checkbox"/> Square/Rectangle</p>	<p><input type="checkbox"/> 4 Cut Corners</p>	<p><input type="checkbox"/> Octagon</p>	<p><input type="checkbox"/> Round</p>
<p><input type="checkbox"/> 2 Cut Corners</p>	<p><input type="checkbox"/> 2 Cut Corners</p>	<p><input type="checkbox"/> 1 Cut Corners</p>	<p><input type="checkbox"/> 1 Cut Corners</p>	

Step 5: - Specify Dimensions X, Y & Z (In Inches Only)

(X) _____ " Vertical Dimension

(Y) _____ " Horizontal Dimension
Also Hinge Length.

(Z) _____ " Radius/Cut Corner Dimension
If not applicable, type n/a

Step 6: - Specify Color

- Color: Wildwood Rust Gray Charcoal Walnut
- Tropical Blue Navy Blue Palomino Teal Cranberry Almond
- Forest Green Adobe Sable Black White

Step 7: - Skirt Length

Standard Skirt Length 3 1/4"

Step 8: - Tie Downs

Standard 4 Tie Downs

Step 9: - Approval

By checking this box, customer takes full responsibility for providing accurate measurements. We will make the cover exactly to your specifications and will not be responsible for errors other than our own.

Name: _____ Date: _____

Phone: (801) 417-5666
 Fax: (801) 417-5667
 www.hwpinc.com

Dealer: _____

Salesperson: _____

PO# / Job Name: _____

Email: _____

Notes/Special Instructions:

Dealer Code

If your dealer referred you here to place your order, please ask them to give you an approval code. All orders will be confirmed with the spa dealer before your order is processed.

Received (DATE):	ETA:	Order #:
Shaded area HWP Inc. Use only		