

Spa Cover Order Form

HOT TUB MEDIC
 920.738.SPAS (7727)
 HOTTUBMEDIC.COM



681 N Perkins St. Appleton, WI 54914

ORDER DATE	SALES LOCATION
P.O. #	SALES PERSON
DUE DATE	DELIVERY

SALES LOCATION
SALES PERSON
DELIVERY

1
YOUR INFORMATION

NAME _____
 STREET ADDRESS _____
 CITY _____ STATE/PROVINCE _____ ZIP/POSTAL _____
 () ()
 HOME PHONE _____ BUSINESS PHONE _____

2
SPECIAL REQUESTS

Standard Specifications:
 1. The thickness of MOST our cover tapers 3^{1/2} to 2^{1/2}
 2. 1.5 lb. density EPS foam (2 lb. recommended in harsh climates)
 3. The standard skirt length is 2" for most models
 4. Tie downs: 4 per cover, 7" long

SKIRT LENGTH _____ DURA FOAM (2LB.) _____
 TIE DOWN LENGTH _____ ATLAS COVER (WALK ON COVER)
 2# 5" TO 4" TAPER _____

3
YOUR NEW COVER COLOR

Circle one of the following color choices. Ask your Sunstar dealer for samples of these available colors.

RUST	WALNUT	TAN	TEAL
GREY	CHARCOAL	WILDWOOD	ASH
NAVY	SKY BLUE	FOREST GREEN	

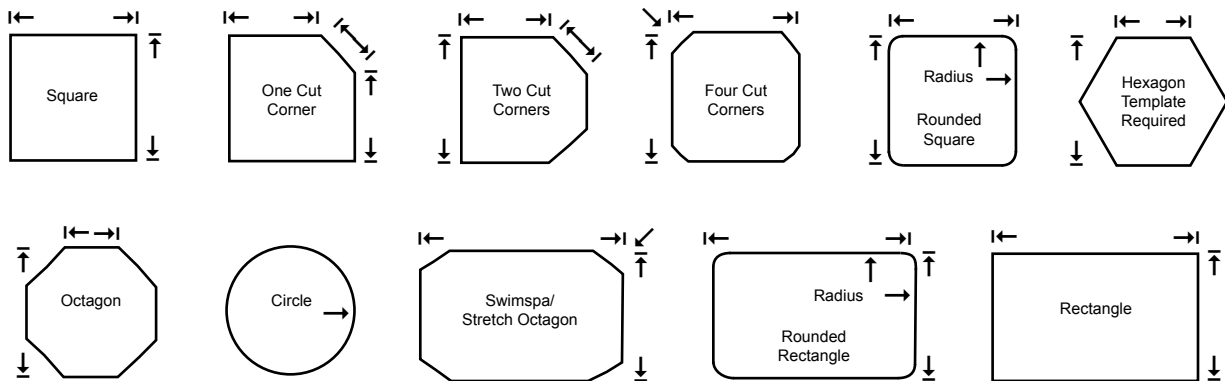
4
YOUR SPA INFORMATION

If you know the spa brand, model, and year fill in this section..

SPA BRAND _____
 MODEL NAME _____ YEAR _____

5
CHOOSE BY SHAPE

If you are unsure of the spa brand, model, or year, circle the shape that applies and fill in all dimensions below, using OUTSIDE spa lip dimensions. Be sure to note hinge direction and radius (if applicable).



Check here is none of the shapes apply. A Plastic Template will be required. Ask for Sunstar Template Guide.

6
AGREEMENT

Cover specifications above were provided by: DEALER SPA OWNER

Spa Owner assumes responsibility for cover specifications above.
 Allow approximately 3 weeks from date of order.

 SPA OWNER SIGNATURE DATE

AMOUNT	\$ _____
ADD TAX	\$ _____
TOTAL	\$ _____
50% DEPOSIT	\$ _____
BALANCE DUE	\$ _____

7
RECEIPT OF COVER

I acknowledge receipt of my SUNSTAR Cover per the specifications above. I have examined the cover and find it is in acceptable condition. Any damage I cause to the cover as a result of transporting is my responsibility.

 SPA OWNER SIGNATURE DATE