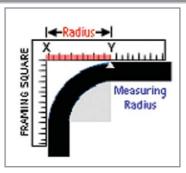
## **Custom Cover Order Form**

## Send Order to Master Spas

Odstom Gover Order Form	Selid Order to Master Spas						
SECTION 1: YOUR DETAILS							
Dealer Name:							
Address:	dress:						
City:	State: Telephone Number:						
Zipcode:							
Work/Cell Number:	Email Address:						
P.O. Number or Customer Name:							
SECTION 2: SPA DETAILS (if known)							
Manufacturer of Spa:							
Model of Spa:	Model Year:						
SECTION 3: COVER SHAPE & MEASUREMEN							
^ ^ <u>^</u>	— B → A → B → A → A → A → A → A → A → A →						
<del> </del>							
Square B Rounded	A Corner A Corner						
Square Square	Corner Corner						
	E						
<u> </u>	(Diameter)						
<b>Y</b>   <b>Y</b>   <b>V</b>							
Octagon B Hexagon	Four Cut Corner						
	Round Square						
<u> </u>	<u>A</u>						
Four	Cut						
B Rounded Rectangle B Corner F	Rectangle B Rectangle						
	<i>-</i>						
Please note the hinges on covers will always split on the longest	dimension. Hinges shown in pictures are for illustration only.						
Spa Shape:							
Dimension A:inches Dimension D:inche	Cover thickness is a 5" to 3" taper. For rounded corners,						
Dimension B: inches Dimension E: inche	see section 4 for the radius measurement. Straps are						
Dimension C: inches Dimension F: inche	located in standard positions and marked in red.  Straps cannot be moved from standard positions.						

## SECTION 4: RADIUS MEASUREMENTS (ONLY FOR ROUNDED CORNER COVERS)



Radius Measurement (inches):



SECTION 6: CUS	STOMER SIGNATURE	
Card Number:		
Issue Date:	Exp Date: SEC Code:	Issue:
Name on Card:		
Same address as	s above: Yes / No (if no, please fill in billing address below)	
Card Holder Sig	nature:	

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	III IU	$\neg u$	u	I GOO.

Please ensure that all sections are completed fully. Delivery time for any cover order is approximately 4 weeks. The 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. Once the above information has been double checked, please sign below and send back to Master Spas via fax or scan.

SECTION 7: CUSTOMER SIGNATURE

**Customer signature:** 

Please return this order form to:

