

SUNSTAR SPA COVER ORDER FORM

Dealer Use Only	ORDER DATE _____ P.O.# _____ DUE DATE _____	Sales Location _____ Sales Person _____ Delivery _____	Your SunStar Dealer Ship To Address: _____ _____ _____
1). Your Information _____ Name _____ Street Address _____ City _____ State _____ Zip _____ Phone (Home) _____ Phone (Work) _____			2) Standard Specifications 1) The thickness of MOST our cover tapers 3 1/2" to 2 1/2" 2) 1.5 lb density EPS form (2 lb. recommended in harsh climates) 3) The standard skirt length is 2" for most models 4) Tie downs: 4 per cover: 7' long SPECIAL REQUESTS Skirt Length _____ Dura Foam (2lb) _____ Tie Down Length _____ Atlas Cover (Walk On Cover) 2.5 - 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). 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).			
Agreement _____ Spa Owner Signature	6). Cover Specifications above were provided by: ___ Dealer ___ Spa Owner Spa Owner assumes responsibility for cover specifications above. Allow approx. 3 weeks from date of order. _____ Date		Amount: \$ _____ Add Tax \$ _____ Total \$ _____ 50% Deposit \$ _____ Balance Due \$ _____
Receipt of Cover _____ Spa Owner Signature	7). 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 it is my responsibility. _____ Date		