

**Special Liner Order Form**

Dealer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

City: \_\_\_\_\_ P.C. \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

P.O.: \_\_\_\_\_ Tag: \_\_\_\_\_

# Kidney

**Wall Height:** \_\_\_\_\_

**Depth:** \_\_\_\_\_

**Pattern:** \_\_\_\_\_

Wall: \_\_\_\_\_

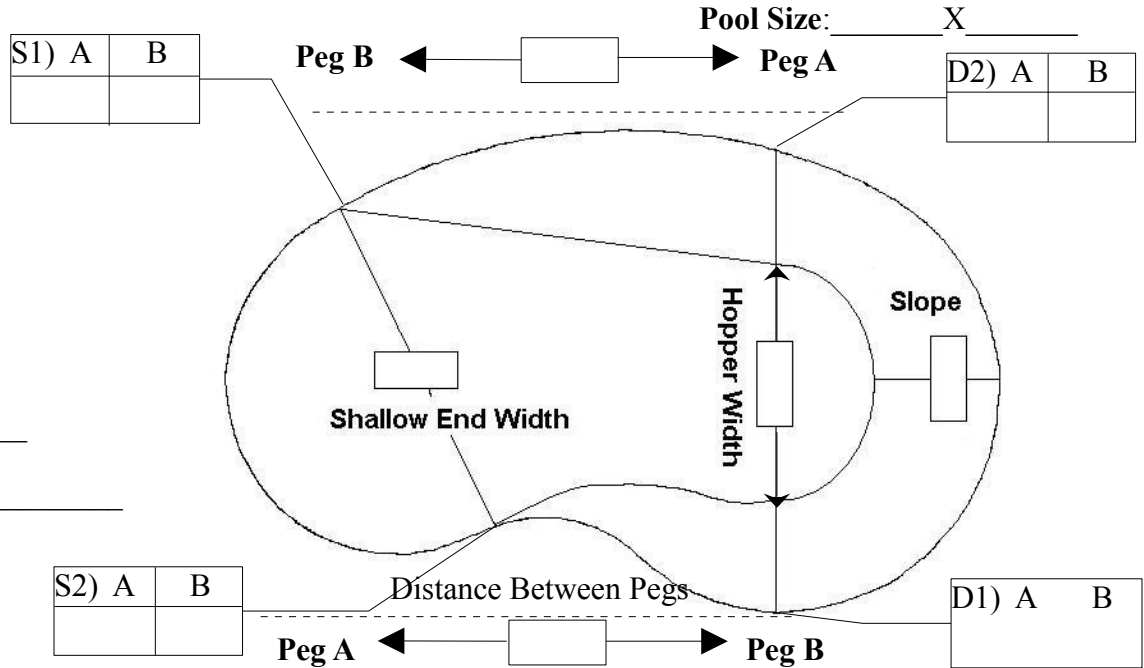
Floor: \_\_\_\_\_

**Perimeter:** \_\_\_\_\_

**Manufacturer:** \_\_\_\_\_

**Bead:** (circle) White

Black Grey Tan



PT	A	B	PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			9			17			25			33		
2			10			18			26			34		
3			11			19			27			35		
4			12			20			28			36		
5			13			21			29			37		
6			14			22			30			38		
7			15			23			31			39		
8			16			24			32			40		

**Instructions:**

- 1) Place pegs A and B between 10-20 feet apart **OUTSIDE THE DOTTED LINE.**
- 2) Measure from points S1, S2, D1 and D2 to peg A, then peg B.
- 3) Measure from points A & B in 2-3 foot intervals around the perimeter of the pool and record on chart. All spaces may not be needed. Use another sheet if more are required.
- 4) **Fill in all Measurements on Drawing** in Feet and Inches (to the nearest Inch).

**NOTE:** This sheet will work for Straight Back Kidneys

**Office Use Only**

Serial #: \_\_\_\_\_  
 Advised: \_\_\_\_\_  
 Ship By: \_\_\_\_\_  
 Price: \_\_\_\_\_  
 Net: \_\_\_\_\_  
 PST: \_\_\_\_\_ GST: \_\_\_\_\_