

Vinyl Bench Housing



Order Form

Fax (317) 579-2006

Distributor _____ PO # _____

Pool Dealer _____
Address _____
City/St/Zip _____
Fax # _____

Home Owner _____
Address _____
City/St/Zip _____
Phone # _____

Drive System Automatic Manual Other _____

Motor Side Left Right
* Standing behind the recessed box looking at pool

Track Width _____ **Track Length** _____

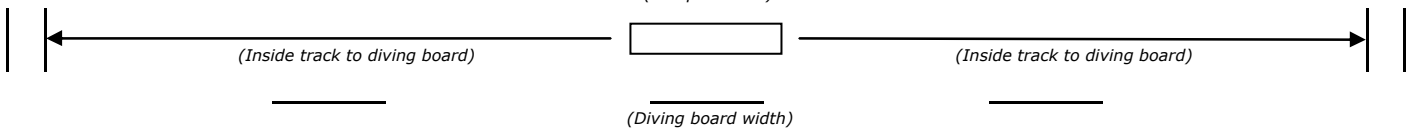
Coverage Style Full Bench Split Bench (required if diving board installed)
 Bench Ends Only Frame Only

Inside Track Measurement



Diving Board Measurement

(for split bench)



Ordered By _____ **Date** _____

Comments:

The undersigned hereby orders the above materials from Automatic Pool Covers, Inc. Automatic Pool Covers, Inc. agrees to manufacture products to the above specifications. By signing this order, the purchaser agrees to Automatic Pool Covers' Terms & Conditions.

Purchaser's Signature _____

Date _____