

Change of Order Form

DEALER NAME _____

JOB/CUSTOMER NAME _____

ID# _____

Changes to be made – please check all appropriate boxes

Change Track space size
New track space size _____ x _____

Change Cover Color
New cover color _____

Change Motor side
New motor side _____ Left _____ Right _____

Other changes to be made

There may be an associated charge for order changes depending upon lead time of notification

Change Authorized by: _____

Authorized Signature: _____

Date: _____

Do not write in this space

Date received

Automatic Pool Covers, Inc. representative

- Change made - no charge
- Change made - additional charges _____
- RMA Required? Y N If yes, RMA # _____