

Please send signed form to: orders@myspadirect.co.uk

DEALER DETAILS	DEALER CUSTOMER REFERENCE
Name <input type="text"/>	Dealer Customer Reference <input type="text"/>
Company <input type="text"/>	
Address <input type="text"/>	
Phone <input type="text"/>	
Mobile <input type="text"/>	
Email <input type="text"/>	

STRAP POSITION
Strap Position <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

COVER SHAPE
<input type="radio"/> Square or Rectangle <input type="radio"/> 4 Round <input type="radio"/> A - 1 Cut Corner <input type="radio"/> B - 1 Cut Corner <input type="radio"/> A - 2 Cut Corners <input type="radio"/> B - 2 Cut Corners <input type="radio"/> A - 3 Round 1 Cut <input type="radio"/> B - 3 Round 1 Cut <input type="radio"/> A - 2 Round 2 Cut <input type="radio"/> B - 2 Round 2 Cut <input type="radio"/> Octagon <input type="radio"/> 4 Cut <input type="radio"/> Circle <input type="radio"/> Template

DIMENSIONS	INSULATION THICKNESS TAPER
X (across fold) <input type="text"/> Skirt Length <input type="text"/> Y (parallel to fold) <input type="text"/> Strap Length <input type="text"/> Z (radius or cut corner) <input type="text"/> Strap Inset <input type="text"/> * PLEASE INSERT DIMENSIONS IN CM	<input type="radio"/> Blizzard - 12.5cm to 7.5cm

COLOUR
<input type="radio"/> Dark Blue <input type="radio"/> Light Blue <input type="radio"/> Green <input type="radio"/> Light Grey <input type="radio"/> Dark Grey <input type="radio"/> Black <input type="radio"/> Oxen <input type="radio"/> Bourbon <input type="radio"/> Walnut <input type="radio"/> Prolast Dark Brown <input type="radio"/> Prolast Charcoal <input type="radio"/> Prolast Black

ADDITIONAL EXTRAS
<input type="checkbox"/> Continuous Heat Seal <input type="checkbox"/> Extra Handles <input type="checkbox"/> Gazebo Handles <input type="checkbox"/> Additional Straps
Spa Cap <input type="radio"/> 30cm <input type="radio"/> 91cm <input type="radio"/> Other <input type="text"/>

SPA DETAILS IF KNOWN
Make <input type="text"/> Model <input type="text"/> Year <input type="text"/>

Special Instructions/drawings attached

By signing this form I accept responsibility for the measurements supplied on this document.

Signature:

Date: