

|                        |            |                |                                |                  |
|------------------------|------------|----------------|--------------------------------|------------------|
| <b>Dealer Use Only</b> | ORDER DATE | SALES LOCATION | <b>Your Sunstar Dealer is:</b> | Ship to Address: |
|                        | P.O. #     | SALES PERSON   |                                |                  |
|                        | Due Date   | DELIVERY       |                                |                  |

**1** YOUR INFORMATION

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL \_\_\_\_\_

( ) ( )

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**2** SPECIAL REQUESTS

Standard Specifications:

- The thickness of MOST our cover tapers 3 1/2" to 2 1/2"
- 1.5 lb. density EPS foam (2 lb. recommended in harsh climates)
- Skirt length will be 5" and tie downs will be per manufacturer's specs, unless otherwise requested.

SKIRT LENGTH \_\_\_\_\_  DURA FOAM (2 LB.)

TIE DOWN LENGTH \_\_\_\_\_  ATLAS COVER (WALK ON COVER)  
2# 5" to 4" TAPER

**3** YOUR NEW COVER COLOR

Circle one of the following color choices.

Sundance  
Sierra Coastal Birchwood Duetto  
Jacuzzi  
Sierra Silverwood Harvest Wheat Bordeaux  
Other \_\_\_\_\_

**Samples available**

**4** YOUR SPA INFORMATION

If you know the spa brand, model, and year fill in this section.

SPA BRAND \_\_\_\_\_

MODEL NAME \_\_\_\_\_ YEAR \_\_\_\_\_

Does your cover need stereo speaker accomodations?  
Yes \_\_\_ No \_\_\_

**5** CHOOSE BY SHAPE

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).

Check here if none of the shapes apply. A Plastic Template will be required. Ask for Sunstar Template Guide.

If your cover is a rectangular shape please indicate which direction it will hinge or fold.

A.

B.

**6** AGREEMENT

Cover specifications above were provided by:  DEALER  SPA OWNER

Spa Owner assumes responsibility for cover specifications above. Allow approximately 3 weeks from date of order.

AMOUNT \$ \_\_\_\_\_

ADD TAX \$ \_\_\_\_\_

SPA OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**7** RECEIPT OF COVER

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 is my responsibility.

SPA OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_