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 Schuylkill Haven, PA 17972
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Liner Order Form **GRECIAN-L w/RECT. HOPPER RIGHT**

Date: _____ P.O.# _____ Fabrication: Quotation:

Dealer: _____

Zip Code: _____

Job Name: _____

Wall Pattern: 20 Mil 28 Mil

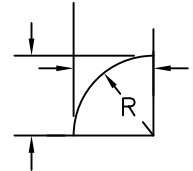
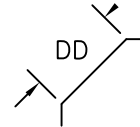
Bottom Pattern: 20 Mil 28 Mil

Beaded: Overlap: Safety Ledge: Yes No Width: _____ Brand Of Pool: _____

WALL SEAM LOCATION REQUEST No Yes
 Must Be Shown And Dimensioned. Cardinal Not Responsible For Pattern Misalignment

Note: If The Pool Has Stairs, Indicate Location From The Corners. If The Liner Covers The Stairs, Use Separate Stair Sheet For Required Stair Information.

CORNER TYPE check one



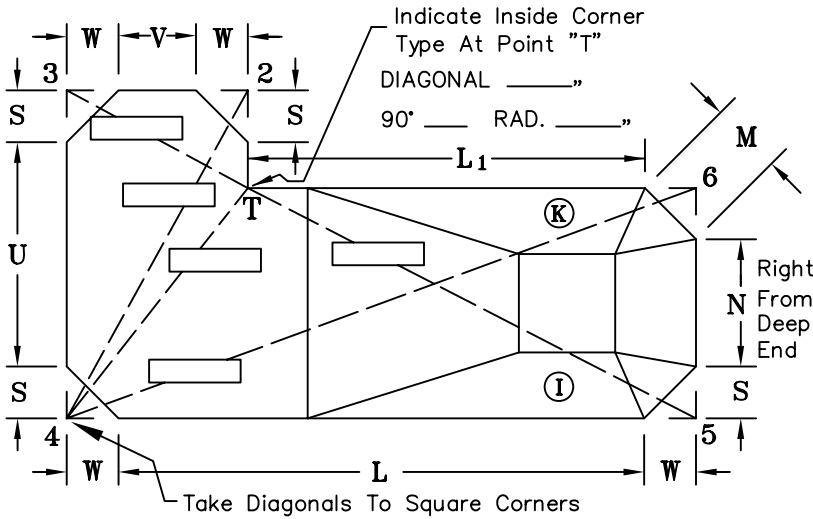
Square

DD=_____"

Radius=_____"

Foot
 Inch

All Measurements Must Be Taken From The BEAD RECEIVER groove to the finished bottom



L _____ W _____ S _____ N _____

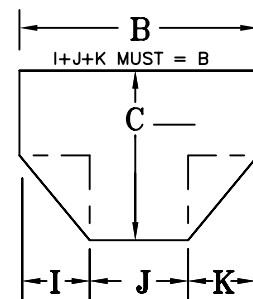
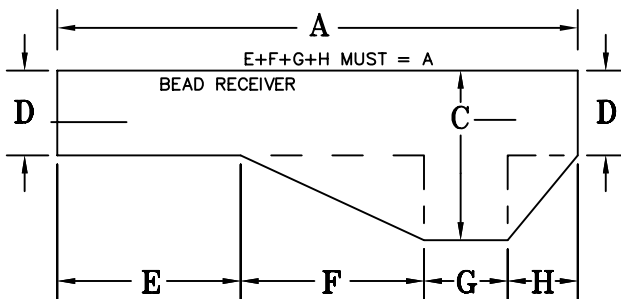
U _____ V _____ L₁ _____ M _____

2 to 3 _____ 3 to 4 _____

4 to 5 _____ 5 to 6 _____

6 to T _____ 2 to T _____

From Deep End of Pool



A _____ E _____ I _____

B _____ F _____ J _____

C _____ G _____ K _____

D _____ H _____

Pool Perimeter _____

Notes: