



250 Route 61 South  
 Schuylkill Haven, PA 17972  
 Ph: (800) 359-5350  
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 Email: CardinalLiners@CardinalSystemsInc.com

Liner  
 Order  
 Form

# GRECIAN w/RECT.HOPPER

Date: _____	P.O.# _____	Fabrication: <input type="checkbox"/> Quotation: <input type="checkbox"/>
Dealer: _____		
Zip Code: _____		
Job Name: _____		
Wall Pattern: _____	<input type="checkbox"/> 20 Mil	<input type="checkbox"/> 28 Mil
Bottom Pattern: _____	<input type="checkbox"/> 20 Mil	<input type="checkbox"/> 28 Mil

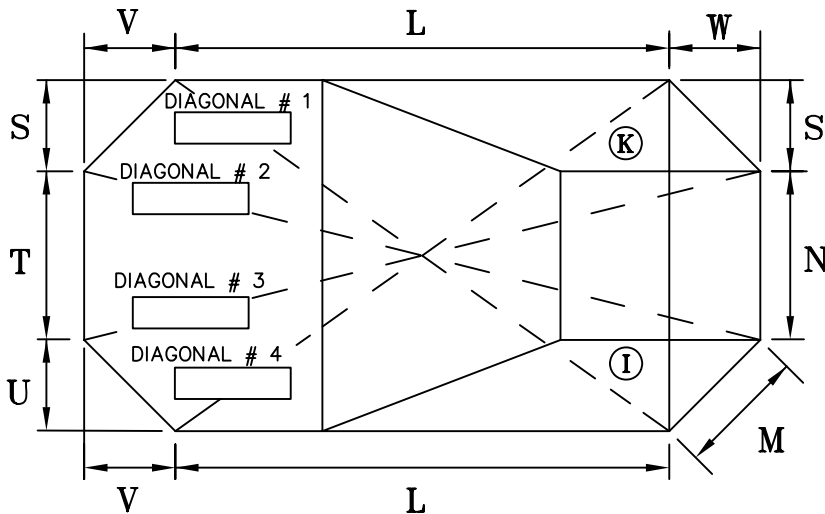
Beaded:  Overlap:  Safety Ledge:  Yes  No Width: \_\_\_\_\_ Brand Of Pool: \_\_\_\_\_

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. If The Liner Covers The Stairs, Use Separate Stair Sheet For Required Stair Information.

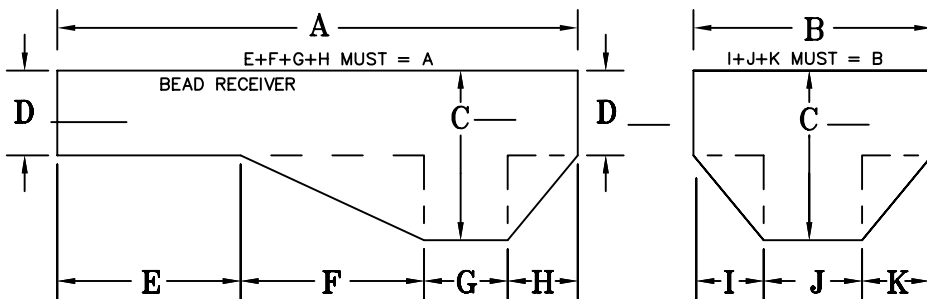
All Measurements Must Be Taken From The BEAD RECEIVER groove to the finished bottom



L \_\_\_\_\_ M \_\_\_\_\_  
 S \_\_\_\_\_ N \_\_\_\_\_  
 T \_\_\_\_\_ U \_\_\_\_\_  
 V \_\_\_\_\_ W \_\_\_\_\_

DIAGONAL # 1 \_\_\_\_\_ DIAGONAL # 2 \_\_\_\_\_ DIAGONAL # 3 \_\_\_\_\_ DIAGONAL # 4 \_\_\_\_\_

From Deep End of Pool



A \_\_\_\_\_ E \_\_\_\_\_ I \_\_\_\_\_  
 B \_\_\_\_\_ F \_\_\_\_\_ J \_\_\_\_\_  
 C \_\_\_\_\_ G \_\_\_\_\_ K \_\_\_\_\_  
 D \_\_\_\_\_ H \_\_\_\_\_  
 Pool Perimeter \_\_\_\_\_

Notes: