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Liner
 Order
 Form

GRECIAN-L w/GREC.HOP. LEFT

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

Company: _____

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

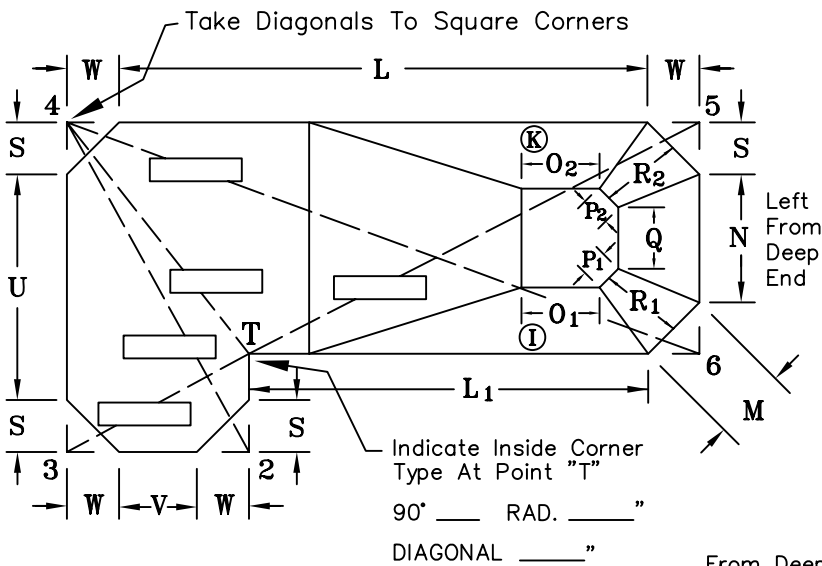
CORNER TYPE check one

Must Be Shown And Dimensioned. Pen Fab 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.

Square DD= _____" Radius= _____" Foot Inch

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



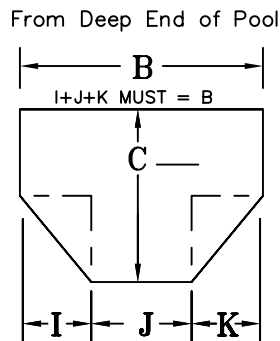
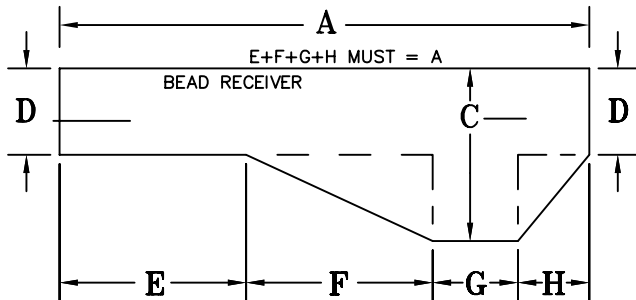
L _____ W _____ S _____ N _____ U _____

V _____ M _____ L₁ _____ O₁ _____ O₂ _____

P₁ _____ P₂ _____ Q _____ R₁ _____ R₂ _____

2 to 3 _____ 3 to 4 _____ 4 to 5 _____

5 to 6 _____ 6 to T _____ 2 to T _____



A _____ E _____ I _____

B _____ F _____ J _____

C _____ G _____ K _____

D _____ H _____

Pool Perimeter _____

Notes: