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Liner
 Order
 Form

GRECIAN SPORT

Date:	P.O.#	Fabrication: <input type="checkbox"/> Quotation: <input type="checkbox"/>
Company:		
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: _____

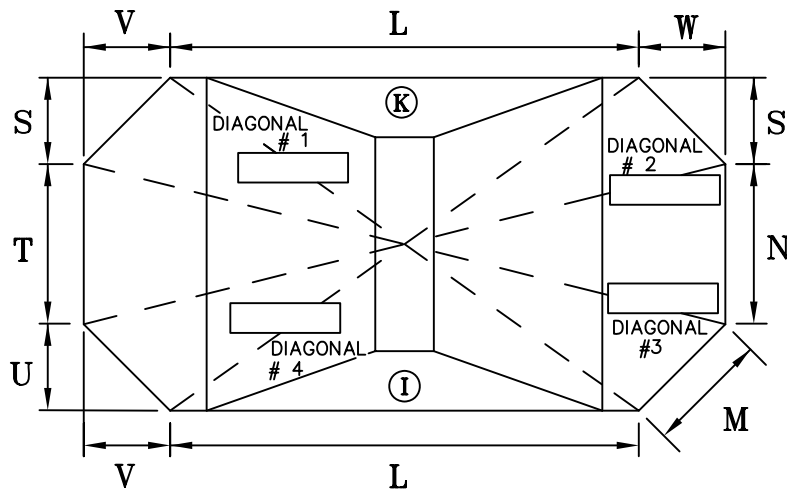
WALL SEAM LOCATION REQUEST No Yes

Must Be Shown And Dimensioned. Pen Fab Not Responsible For Pattern Misalignment

Note: If The Pool Has Stairs, Indicate Location. If The Liner Covers The Stairs, Use Separate

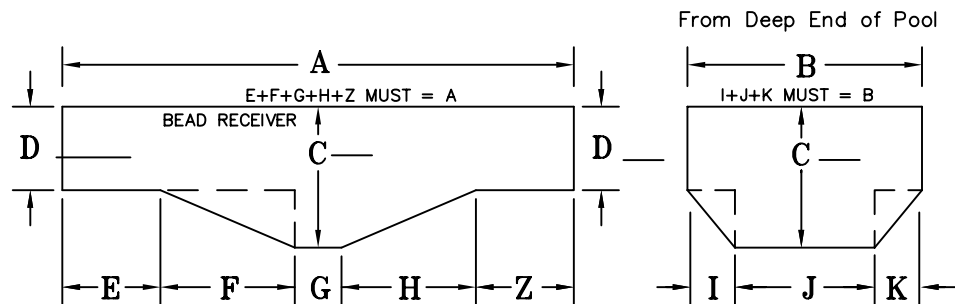
Stair Sheet For Required Stair Information.

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 _____



A _____ E _____ I _____
 B _____ F _____ J _____
 C _____ G _____ K _____
 D _____ H _____
 Z _____

Pool Perimeter _____

Notes: