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Liner
 Order
 Form

RECTANGLE

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

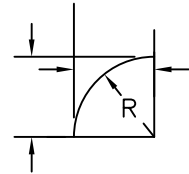
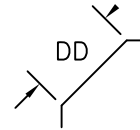
Beaded: Overlap: Safety Ledge: Yes No Width: _____ Brand Of Pool: _____

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

CORNER TYPE check one



Square

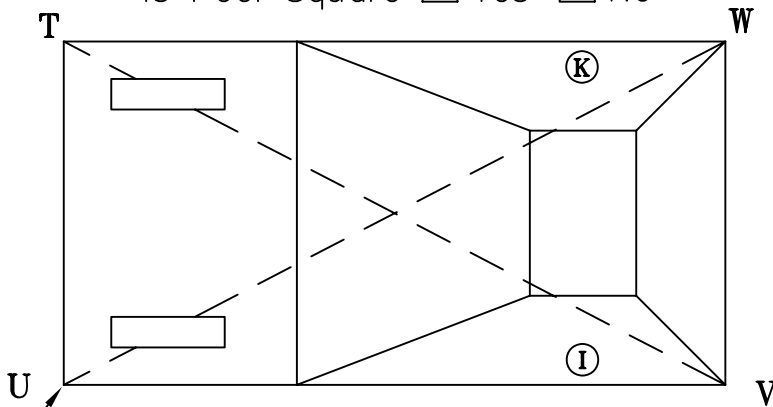
DD= _____"

Radius= _____

Foot
 Inch

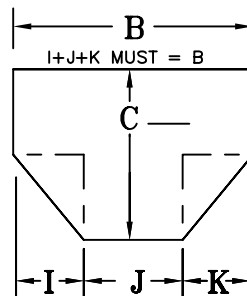
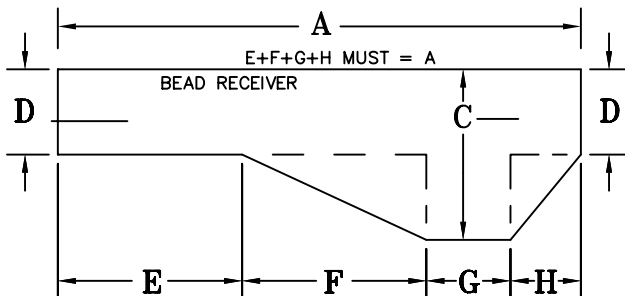
All Measurements Must Be Taken From The BEAD RECEIVER groove to the finished bottom

Is Pool Square Yes No



Take Diagonals To Square Corners

From Deep End of Pool



A _____ E _____ I _____

B _____ F _____ J _____

C _____ G _____ K _____

D _____ H _____

Pool Perimeter _____

Notes: