

Kidney (Left) Liner Order Form

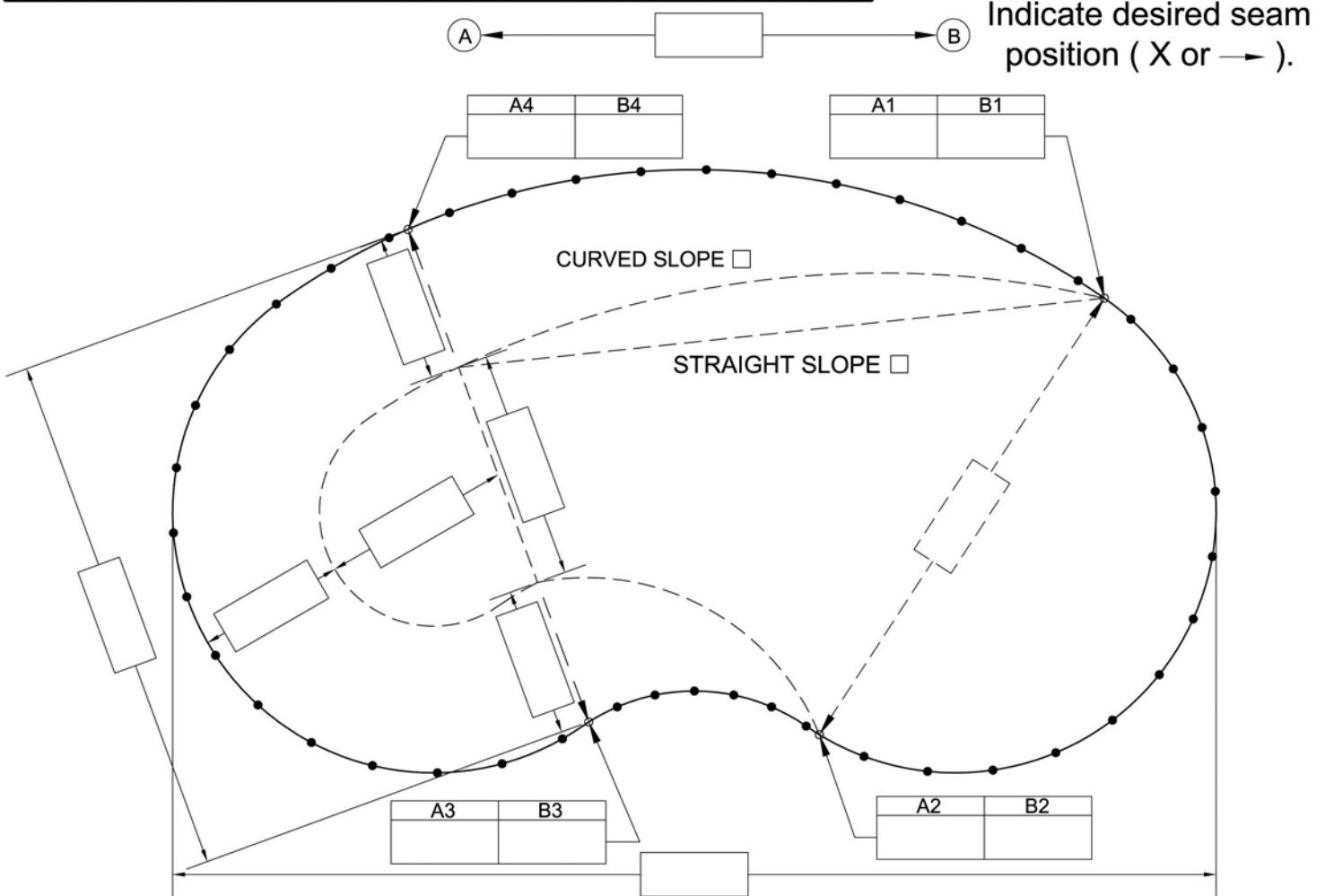
Internet Pool Group
 Email salesteam@nationalpoolwholesalers.com
 Phone 888-277-POOL
 Fax 863-467-5750



Client Name: _____
 Tag: _____
 Date Required: _____
 Pick-up Transport
 For internal use only
 P.S. #: _____

Size: _____
 Manufacturer of pool: _____
 Wall Pattern: 20 ML
 30 ML
 Floor Pattern: 20 ML
 30 ML
 Bead: Standard Overlap: _____ in. Other: _____

Depth: _____ **Wall Height:** _____ **Perimeter:** _____



If slopes are not standard, please fill in a slopes page.

#	A	B	#	A	B	#	A	B	#	A	B
5			13			21			29		
6			14			22			30		
7			15			23			31		
8			16			24			32		
9			17			25			33		
10			18			26			34		
11			19			27			35		
12			20			28					

Use the Extra A-B Points page if required.

