

Kidney (Left) Liner Order Form

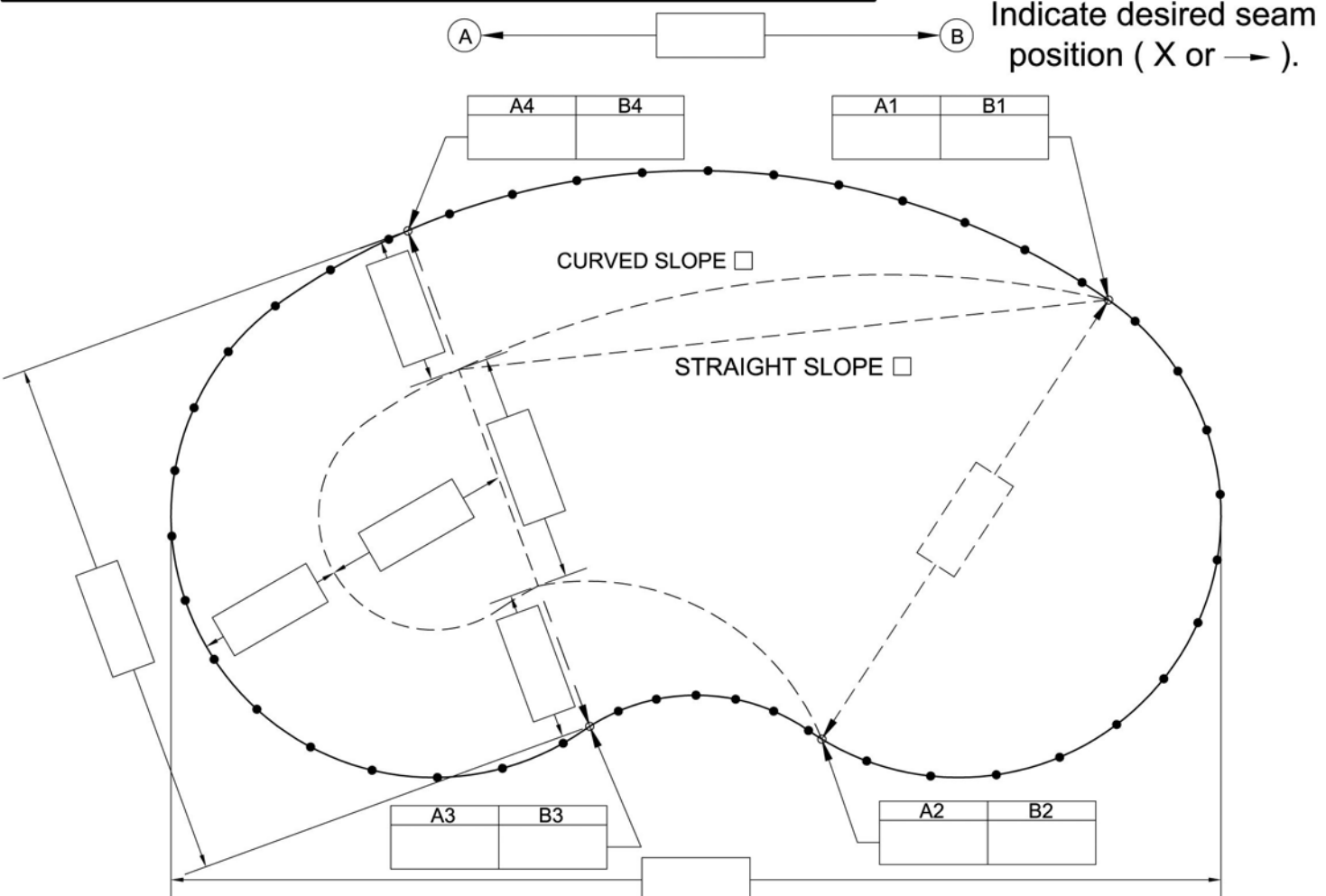
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Client Name: _____
 Tag: _____
 Date Required: _____
 Pick-up Transport
 For internal use only
 P.S. #: _____

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.