

Kidney (Right) Liner Order Form

Under the Sun Distribution
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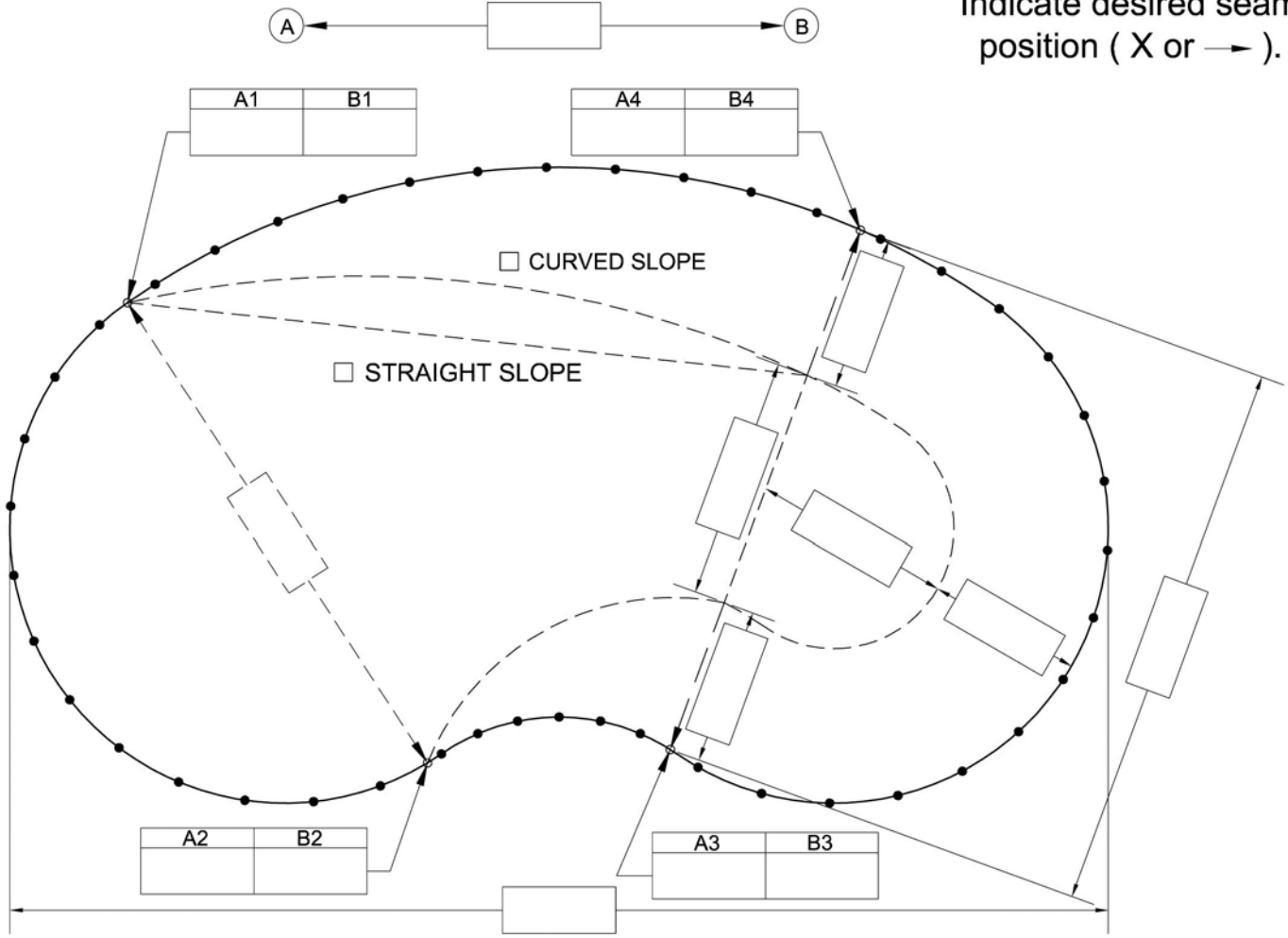


Client Name: _____
 Tag: _____
 Date Required: _____
 Pick-up Transport
 For internal use only
 P.S. #: _____

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:** _____

Indicate desired seam position (X or →).



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.