

Spa Shell Order Form



Order Date: _____ P.O. # _____
Spa Retailer Name: _____
Contact Name: _____
Address: _____
City, State : _____
Zip: _____
Phone: _____ Fax: _____
Email: _____

Customer / End User *

Name: _____
Address: _____

Phone: _____
Email: _____

Delivery Instructions: _____
Shipping Instructions: _____

Requested Delivery Date: _____
Method of Delivery: _____

Shell Models

Model Name _____
Color: _____
Quantity: _____

Model Name _____
Color: _____
Quantity: _____

Model Name _____
Color: _____
Quantity: _____

Shell Options

QUANTITY

_____ Urethane Foam
_____ Metal Hangers (8)
_____ Wooden Blocks (8)
_____ Filter Niche Cut
_____ Pillows & Clips
_____ Filter Niche & Lid

Comments and Special Instructions:

Please contact the factory to verify completion of order prior to pick-up or delivery. An acknowledgement will be faxed or e-mailed the next business day after order is processed. Review, contact the factory if there is a correction or not yet received acknowledgement.

1.800.451.1420 fax 570-323-8485
spas@pdcspas.com