

# Swim Spa Order Form



Revised 02/2019

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

Promotion / Discount Code: \_\_\_\_\_

## Customer / End User \*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Requested Ship Date: \_\_\_\_\_

## Swim Spa Model

Series Name \_\_\_\_\_

Model Name \_\_\_\_\_

M Series™ Cabinet : PermaWood™ Gray: \_\_\_\_\_

PermaWood™ Brown: \_\_\_\_\_

## Accessories:

\_\_\_\_\_ PermaWood™ Steps w/stainless cable rail

\_\_\_\_\_ Cover Shelf Cover Lifter (set of 2)

\_\_\_\_\_ VacuSeal Cover & Lifter

## Swim Spa Options:

\_\_\_\_\_ Tuscan Sun Acrylic (TruSwim & Synergy models only)

\_\_\_\_\_ BlueTune™ Audio

\_\_\_\_\_ Eclipse LED lighting™

\_\_\_\_\_ Oasis LED Lighting™

\_\_\_\_\_ WAVE wireless control

## AquaPak™ Exercise Equipment:

\_\_\_\_\_ AquaForce™ Resistance Pulley

\_\_\_\_\_ AquaCross™ Tether System

\_\_\_\_\_ AquaBalance™ (Side Hand Bars)

\_\_\_\_\_ MotionMat™ (non-slip tread)

\_\_\_\_\_ MatTrax™ standard (note model)

\_\_\_\_\_ MatTrax™ graphic design (note model)

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. Contact the factory if the acknowledgement is not received or if there is an error .

1.800.451.1420 fax 570-323-8485

sales@pdcspas.com