

Swim Spa Order Form



Revised 01/2020

Order Date: _____ P.O. # _____	Promotion / Discount Code: _____
Spa Retailer Name: _____	Customer / End User * Name: _____ Address: _____ City, State: _____ Phone: _____ Email: _____
Contact Name: _____	
Address: _____	
City, State : _____	
Zip: _____ Company Phone: _____	
Fax: _____ Cell: _____	
Email: _____	

Delivery Instructions: _____
Requested Ship Date: _____
Ship to: _____

Swim Spa Model

Series Name _____

Model Name _____

M Series™ Cabinet : PermaWood™ Gray: _____

PermaWood™ Brown: _____

Accessories:

_____ Black PermaWood™ 4-Tier Steps w/stainless rail

_____ right side rail _____ left side rail

_____ Cover Shelf Cover Lifter (2 sets required)

_____ CoverMate III (2 sets required)

Exercise Equipment Options:

_____ AquaForce™ Resistance Pulley (standard on Vitality)

_____ AquaCross™ Tether System (NOT offered on TruSwim®)

_____ AquaBalance™ (Side Mounted Stainless Hand Bars)

_____ MotionMat™ (non-slip tread)

_____ MatTrax™ standard design (note model)

_____ MatTrax™ graphic design (note model)

Swim Spa Options:

_____ BlueTune™ Audio

_____ Eclipse LED lighting™

_____ Oasis LED Lighting™ (Synergy and Summit Series)

_____ WAVE™ wireless control

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 .

*All fields on this form are required to ensure accurate production, communication in event of recall, warranty concerns, etc.

1.800.451.1420 fax 570-323-8485

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