

Buds Spas & Pools

597 Garner Rd E, Ancaster ON L9G 3K9
(905)648-7727 or (905)529-5323 Fax (905)648-9995

Hot Tub Cover Order Sheet

Name: _____ Date: _____

Address: _____ Phone: (_____) _____

Please indicate if you would like your spa cover delivered to your home. Additional charge applies. Yes No

In order to ensure fast, efficient manufacture of your new spa cover, please fill in ALL sections accurately. Be sure to do all measurements twice or more to avoid error. Please note: ANY ERRORS ON THIS SHEET ARE THE SOLE RESPONSIBILITY OF THE CUSTOMER AND BUD'S SPAS AND POOLS WILL NOT BE LIABLE FOR MISTAKES HEREIN. Any changes made after the order are not guaranteed and may delay orders longer than suggested date. A \$250 deposit is required before an order can be processed.

Manufacturer: _____ Brand _____ Model _____ Year _____

Use measurements on file with supplier for this Brand and Model of hot tub:

sign here

Taper: 3 - 2" 4 - 2" 4 - 3" 5 - 3" 5 - 4" 6 - 4"

Design: Bi-Fold Split short side _____ or _____ If fold is not indicated, the manufacturer will split the longest measurement. Quad-Fold (\$75 Upgrade)
Split long side _____

Skirt/Flap Length: _____" (measured from bottom of cover - 6" or more is \$20 Upgrade)

Cover Colour:

White <input type="checkbox"/>	Desert Sand <input type="checkbox"/>	Burgundy <input type="checkbox"/>	Charcoal <input type="checkbox"/>
Almond <input type="checkbox"/>	Brown <input type="checkbox"/>	Sky Blue <input type="checkbox"/>	Navy <input type="checkbox"/>
Tan <input type="checkbox"/>	Chestnut <input type="checkbox"/>	Lt. Grey <input type="checkbox"/>	Teal <input type="checkbox"/>
Yew Green <input type="checkbox"/>	Hunter Green <input type="checkbox"/>	Black <input type="checkbox"/>	

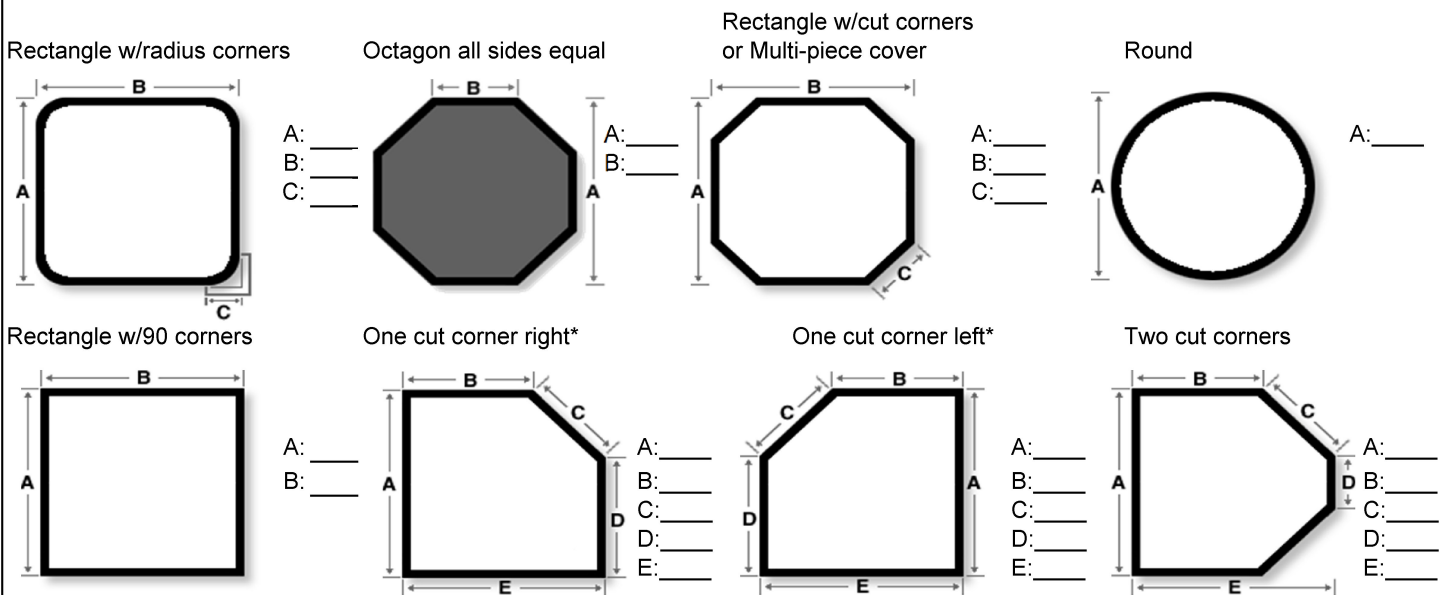
Ambassador Select \$60 Upgrade:

Blue <input type="checkbox"/>
Charcoal Grey <input type="checkbox"/>
Sand Dune <input type="checkbox"/>
Green <input type="checkbox"/>

Cover Liner: Grey Reflective (reflective is a \$50 Upgrade)

Diagram

ALL MEASUREMENTS TO BE GIVEN IN INCHES ONLY!



**cut corner covers require completed "cut corner form" to submit order*

Please indicate strap and handle placement and fold placement. If fold is not indicated, the supplier will split the longest measurement. If
of 2 straps in order to meet ASTM Safety Standards. *Minimum

Signature: _____ Date: _____

Please allow 3-4 weeks for covers. Balance owing is due before delivery or upon pick-up.