

DATE _____

TIME _____

MAP _____

SPA DELIVERY FORM

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL _____

SPA MODEL: _____

SERIAL NUMBER: _____

COVER COLOR: _____

CHEMICAL KIT:

COVER LIFTER: _____ INSTALL

STEPS:

GUARD RAIL: _____ INSTALL

OTHER: _____

LOCATION OF CONTROLS _____ INITIAL

LOCATION OF SPA AND SURFACE _____ INITIAL

LOCATION OF SPA APPROVED BY OWNER _____ INITIAL

SPA & COVER RECEIVED TO CUSTOMER'S SATISFACTION

SIGNATURE

DATE

REMAINING BALANCE _____ CASH OR CASHIERS CHECK

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