



**LINER
MEASUREMENT
TEMPLATES**

18 Seapark Dr., Unit 6, St. Catharines ON L2M 6S6
Phone 905-684-3731 Toll Free 866-684-WERX (9379)
Fax 905-684-9078 Toll Free 800-684-9078

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www.linerwerx.com

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TYPICAL CORNERS

<p>4' RADIUS</p>	<p>2' RADIUS</p>
<p>1' RADIUS</p>	<p>6" RADIUS</p>
<p>2' CUT-OFF / DIAGONAL</p>	<p>6" CUT-OFF / DIAGONAL</p>



The Perfect Fit

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

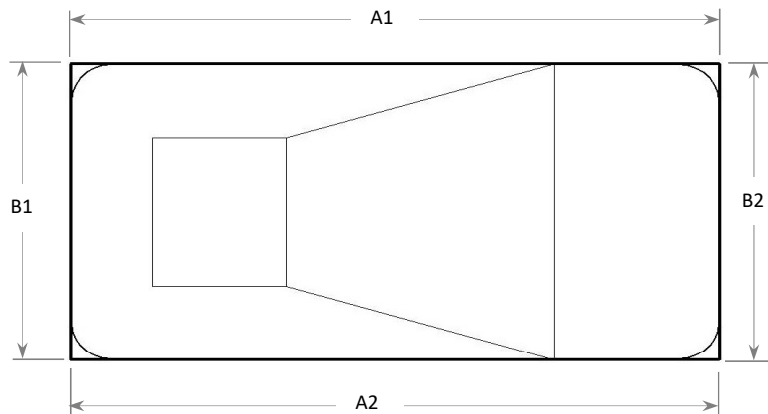
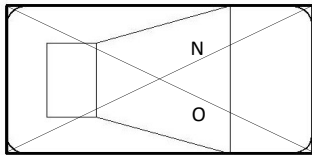
RECTANGLE

Pool Size _____ x _____

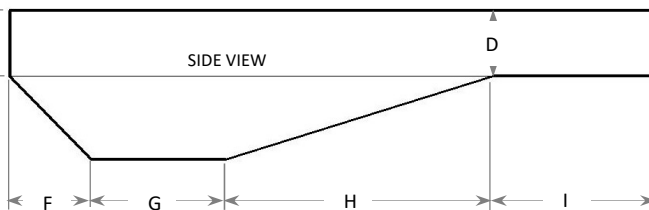
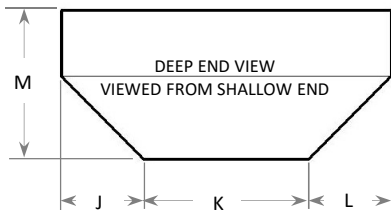
Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

*Diagonals Taken From Imaginary
90 Degree Corners*



Feet & Inches	
A1	
A2	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	



Corners:

90 Degree



Radius



Diagonal



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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ORDER

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City: _____ Postal Code: _____

Phone: _____ Fax: _____

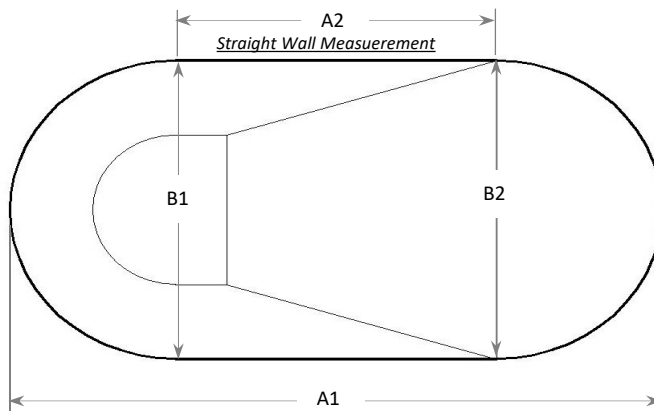
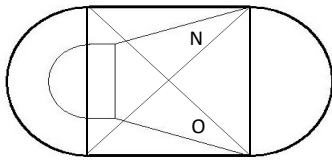
OVAL

Pool Size _____ x _____

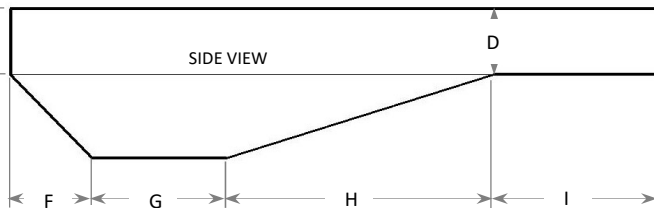
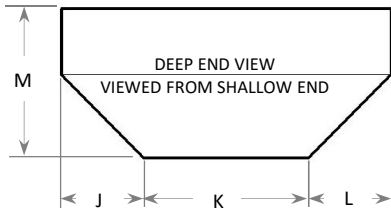
Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From End of Straight Walls



Feet & Inches	
A1	
A2	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	



Bead Colour:

Pattern:

White _____

Wall: _____

Blue _____

Floor: _____

Grey _____

Black _____

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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

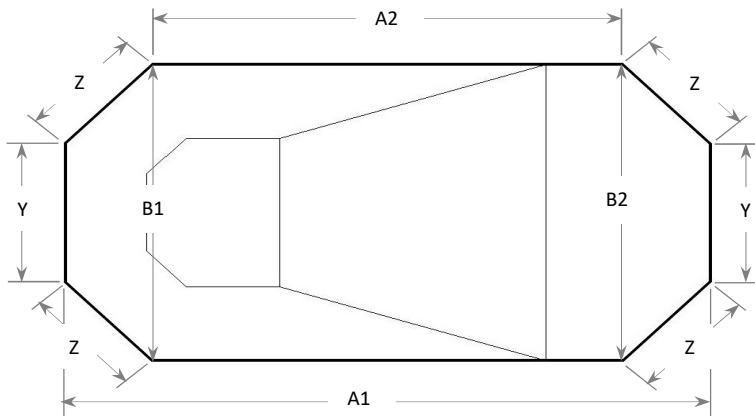
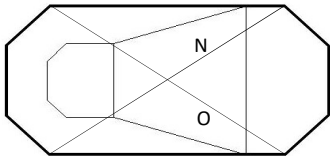
GRECIAN / EXT. OCTAGON

Pool Size _____ x _____

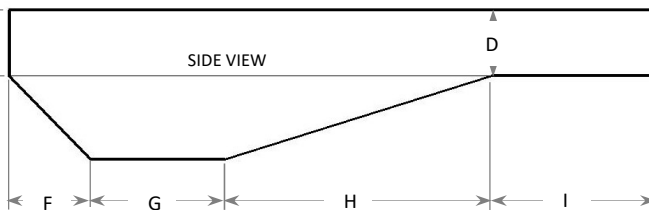
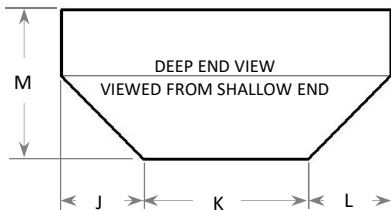
Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From End of Straight Walls



Feet & Inches	
A1	
A2	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
Y	
Z	



Hopper Configuration:

Rectangular _____

Arc _____

House _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

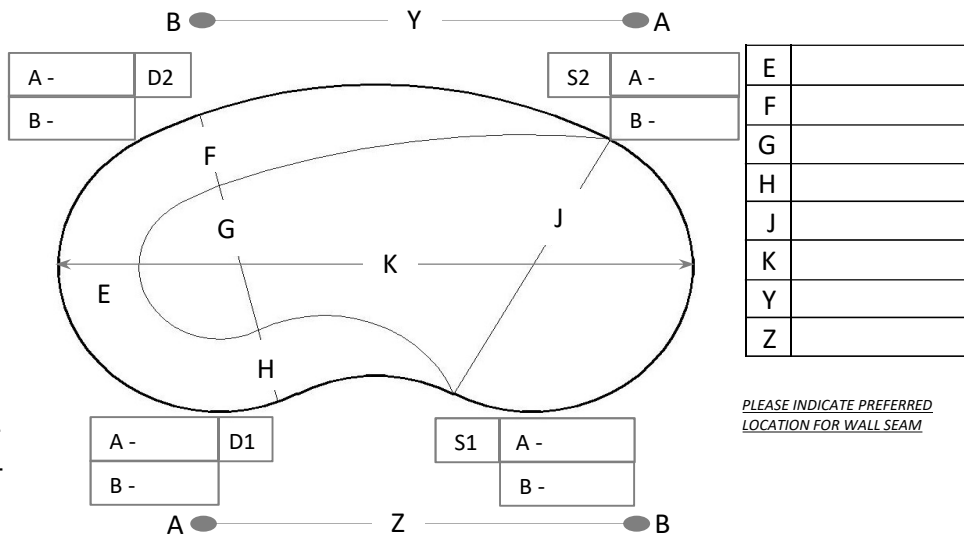
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

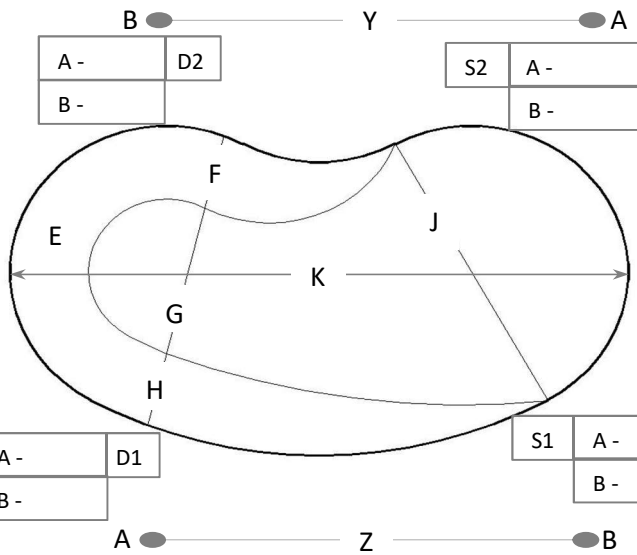
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____ Date: _____
 Address: _____ Customer Tag: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____

HUMPBACK KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

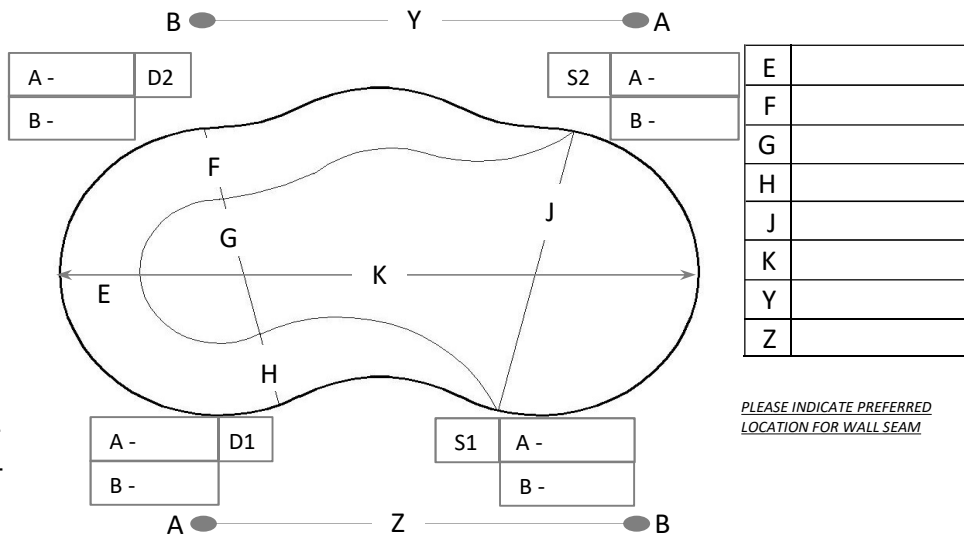
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

E	
F	
G	
H	
J	
K	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

HUMPBACK KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

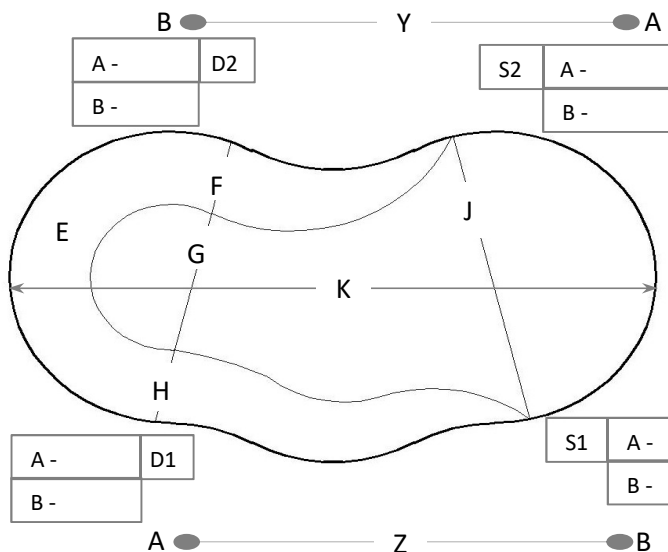
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

NORMANDY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

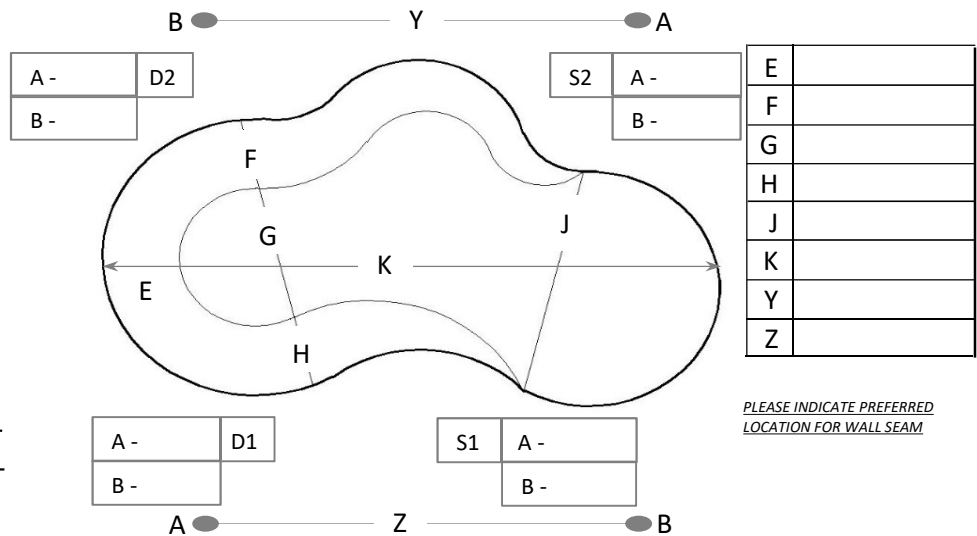
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

NORMANDY

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

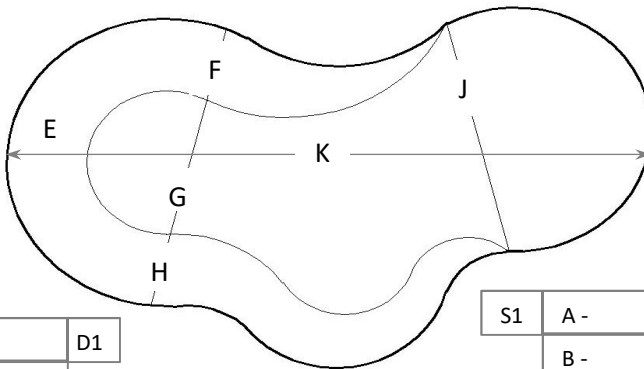
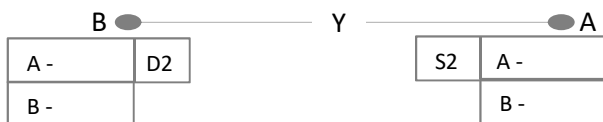
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

MARSEILLE

Pool Size _____ x _____

Perimeter _____

B ● ————— Y ————— ● A

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

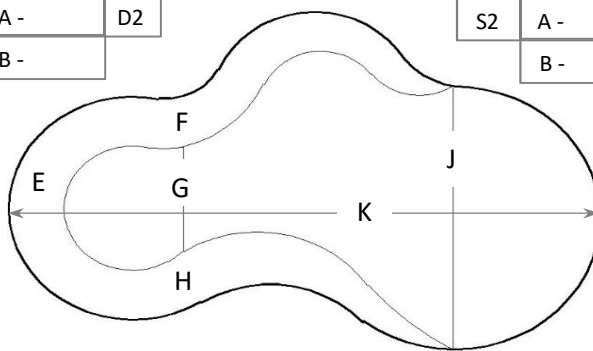
Wall: _____

Floor: _____

A -	D2
B -	

S2	A -
	B -

E	
F	
G	
H	
J	
K	
Y	
Z	



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

A -	D1
B -	

S1	A -
	B -

A ● ————— Z ————— ● B

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

MARSEILLE

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

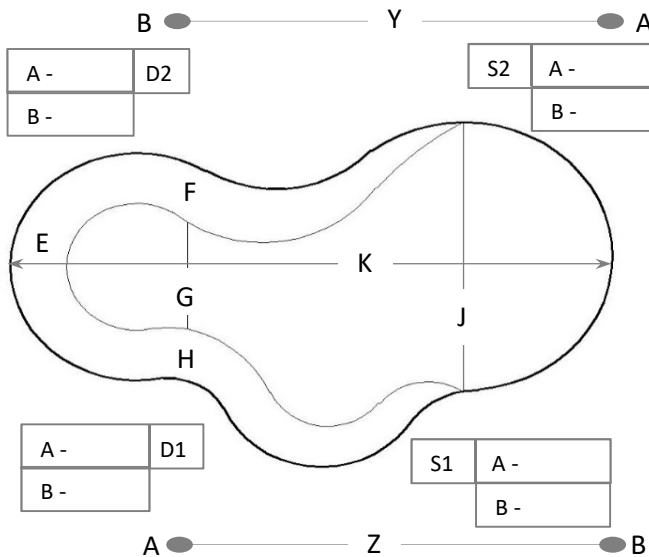
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
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 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

TAMPA

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

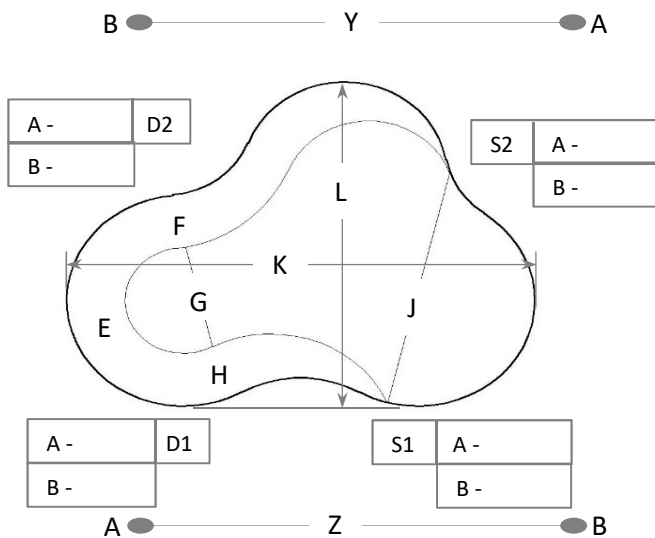
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
L	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



The Perfect Fit

18 Seapark Dr., Unit 6, St. Catharines, ON L2M 6S6
 Phone 905-684-3731 Toll Free 866-684-WERX (9379)
 Fax 905-684-9078 Toll Free Fax 800-684-9078
 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

TAMPA

Pool Size _____ x _____

Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

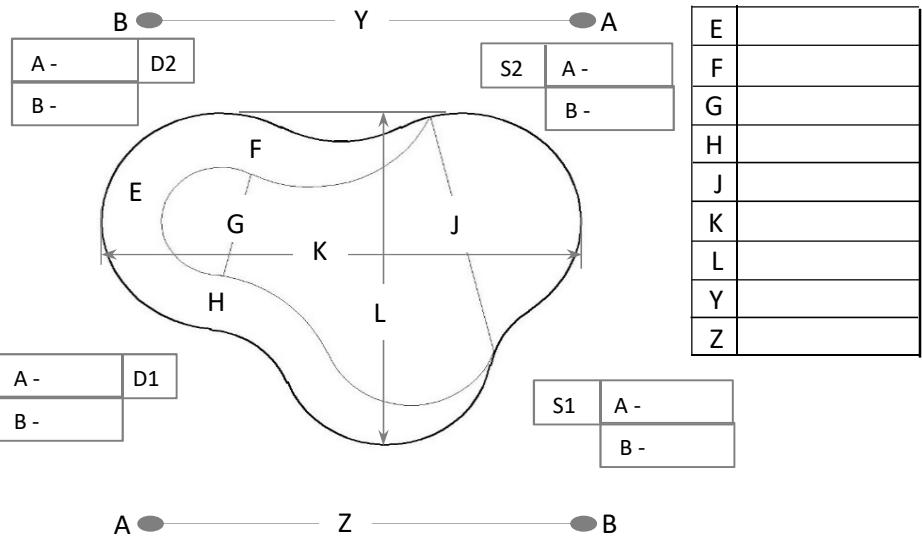
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

SONESTA

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

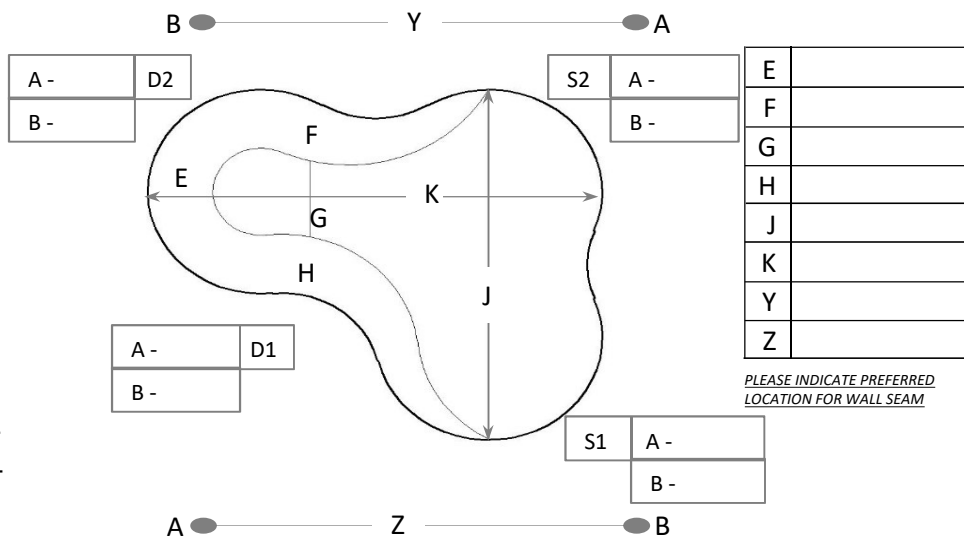
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

SONESTA

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

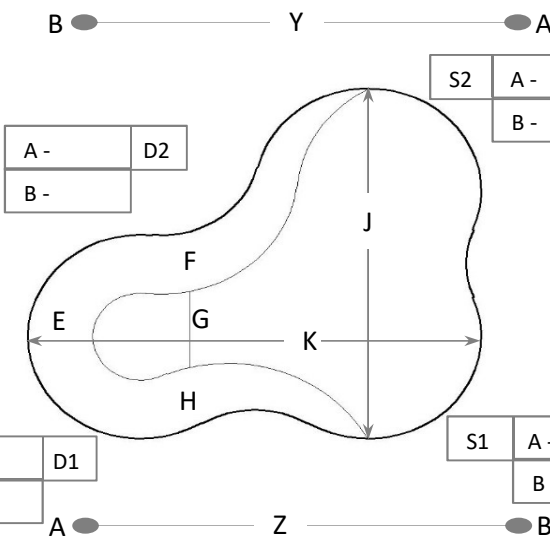
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

IXTAPA

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

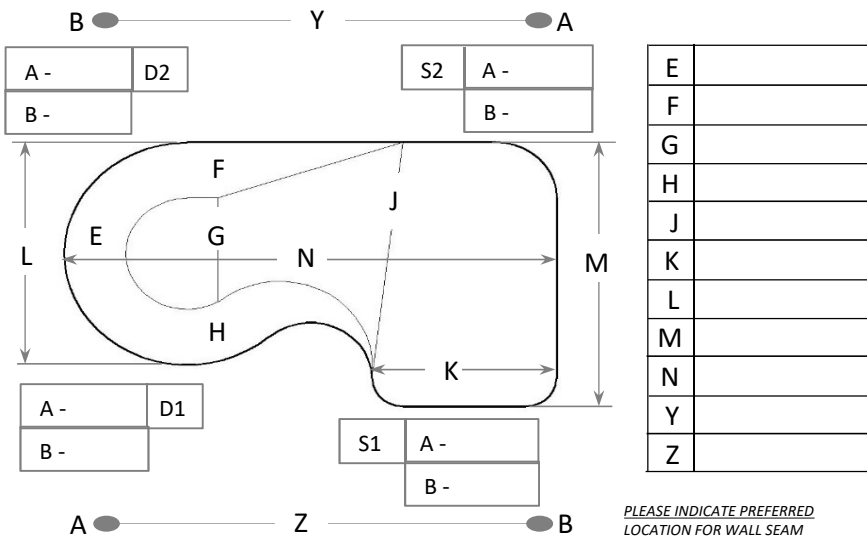
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

IXTAPA

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

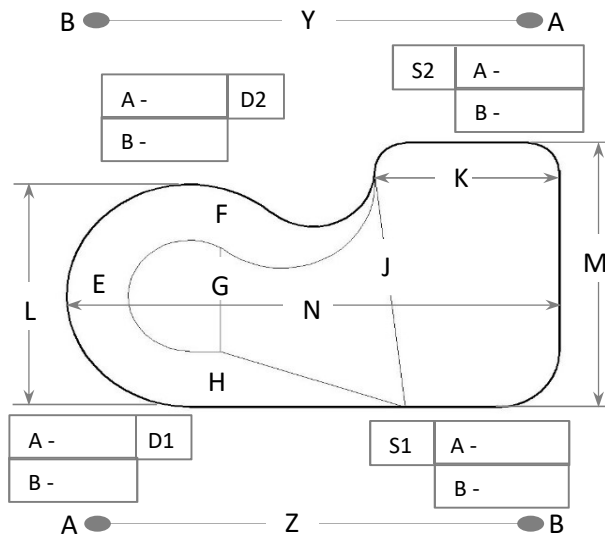
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FREEFORM

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

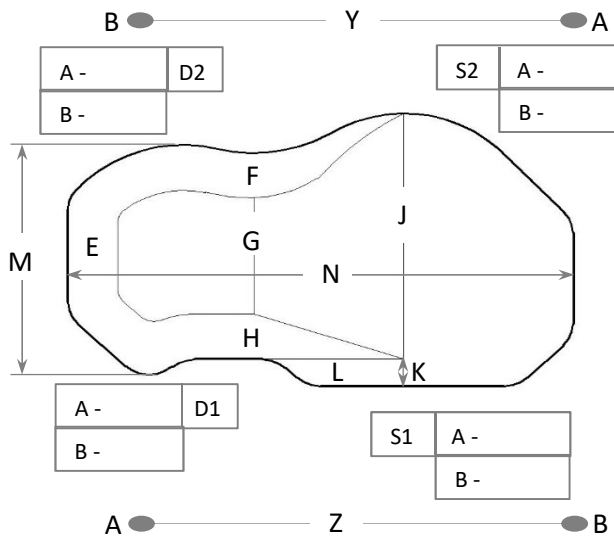
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS



E	
F	
G	
H	
J	
K	
L	
M	
N	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FREEFORM

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

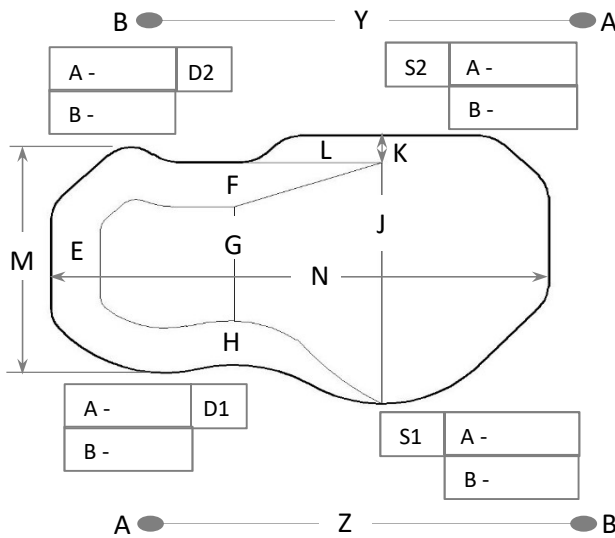
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS



E	
F	
G	
H	
J	
K	
L	
M	
N	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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 Fax 905-684-9078 Toll Free Fax 800-684-9078
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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

ESCALE

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

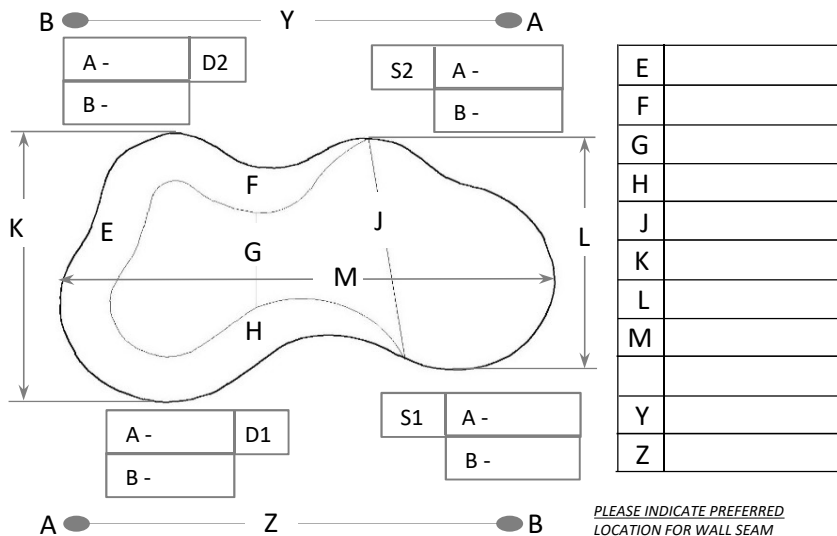
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____ Date: _____
 Address: _____ Customer Tag: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____

ESCALE

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

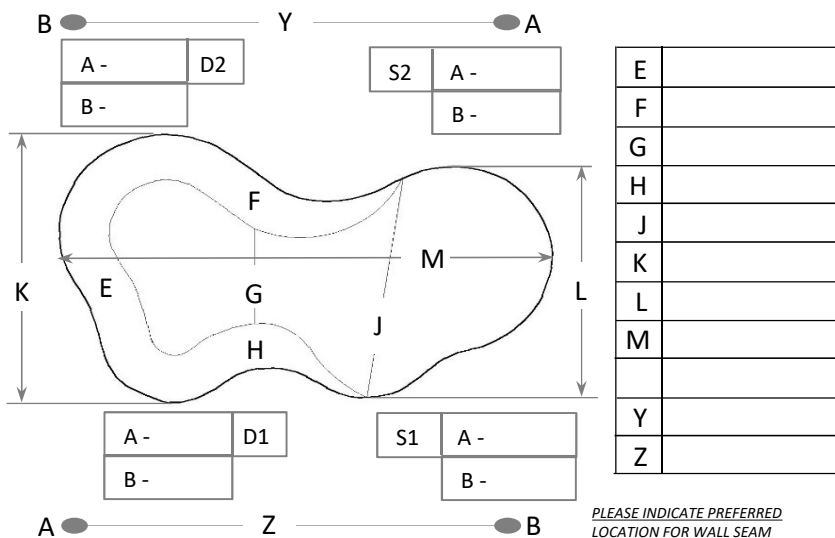
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



The Perfect Fit

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 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

TEMPLATE

Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

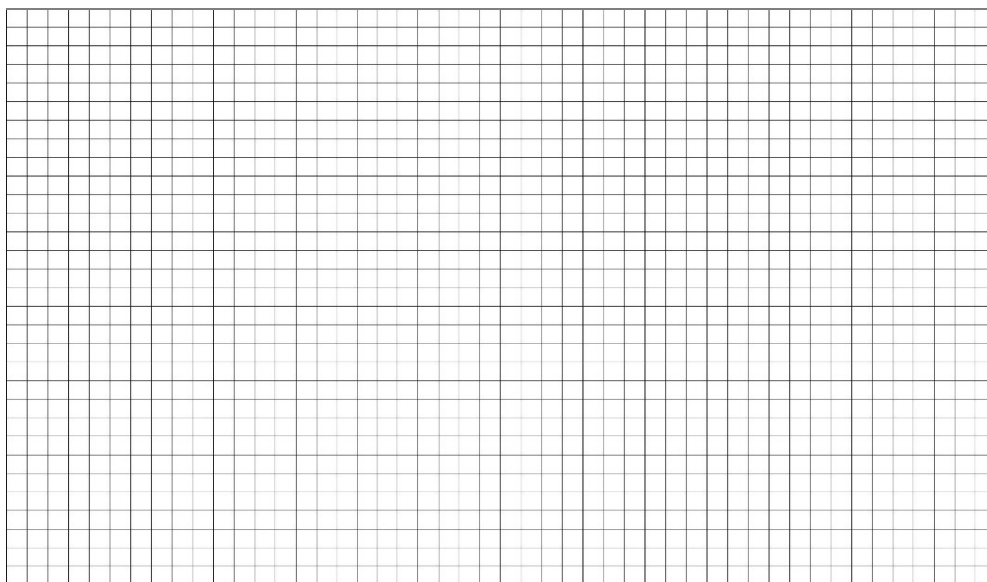
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



D1	A	B
D2	A	B
S1	A	B
S2	A	B



PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

SUPPLEMENTARY AB

PT	A	B	PT	A	B	PT	A	B	PT	A	B
49			68			87			106		
50			69			88			107		
51			70			89			108		
52			71			90			109		
53			72			91			110		
54			73			92			111		
55			74			93			112		
56			75			94			113		
57			76			95			114		
58			77			96			115		
59			78			97			116		
60			79			98			117		
61			80			99			118		
62			81			100			119		
63			82			101			120		
64			83			102			121		
65			84			103			122		
66			85			104			123		
67			86			105			124		

AB Instructions

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



The Perfect Fit

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 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FLATBACK KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

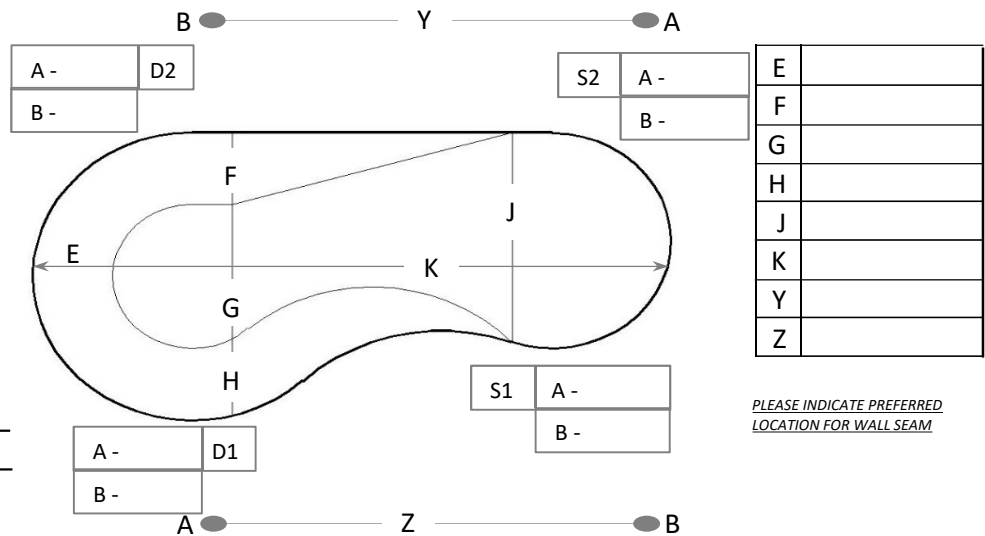
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FLATBACK KIDNEY

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

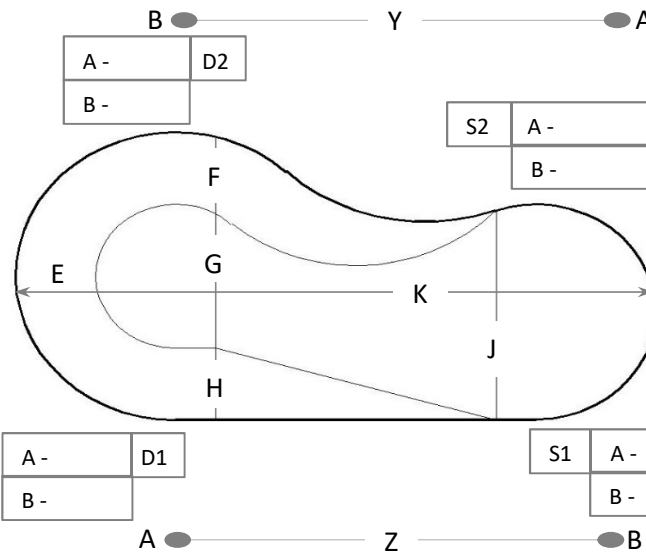
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

NASSAU

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

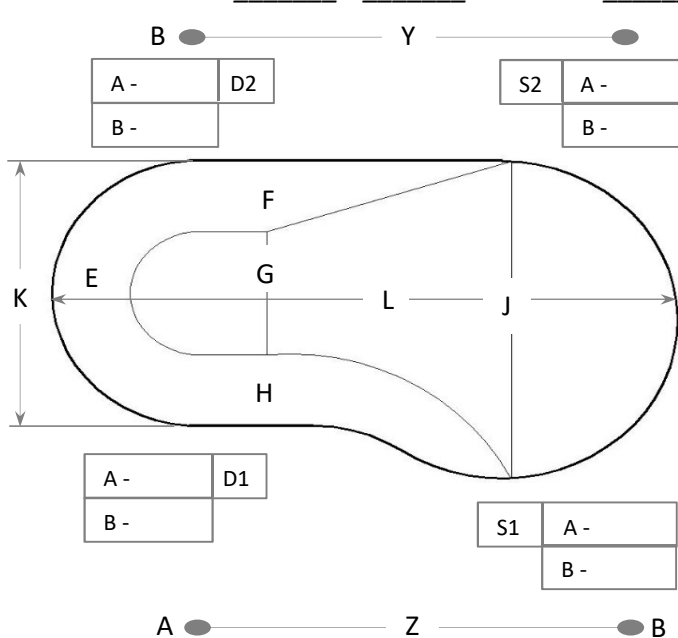
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



E	
F	
G	
H	
J	
K	
L	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

NASSAU

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

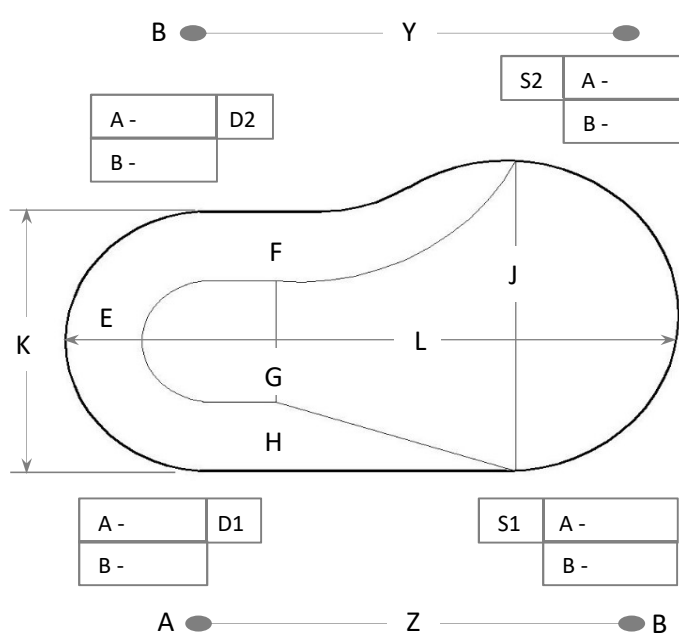
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



E	
F	
G	
H	
J	
K	
L	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

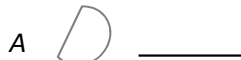
MONACO

Pool Size _____ x _____ Perimeter _____

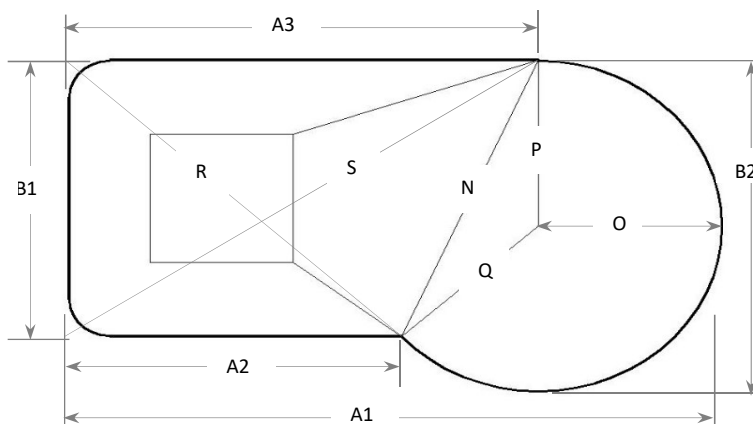
WITH MITERED REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

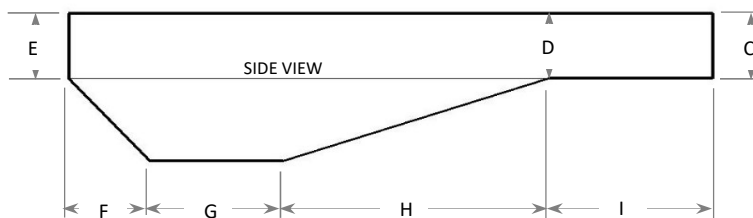
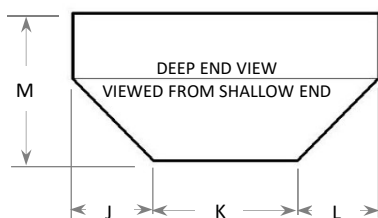
Shallow End Configuration:



Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	



Corners:

90 Degree

Radius

Diagonal

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

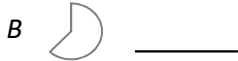
MONACO

Pool Size _____ x _____ Perimeter _____

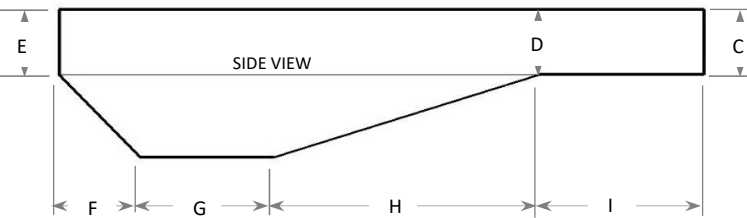
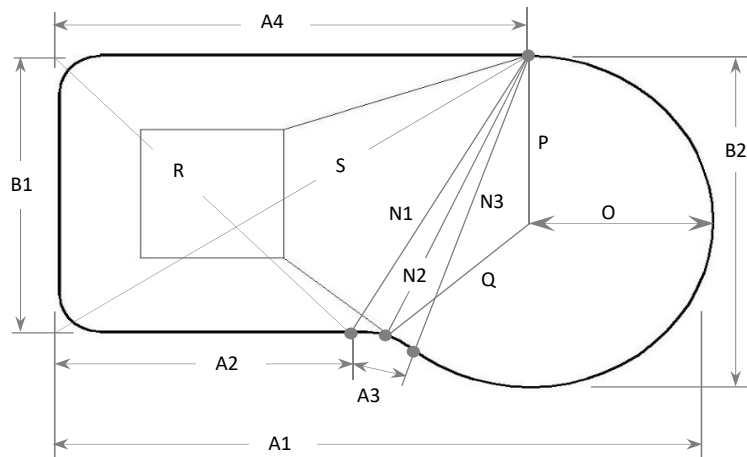
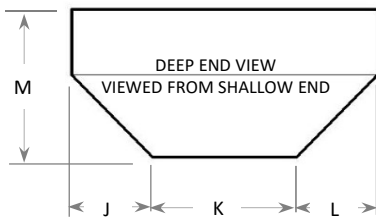
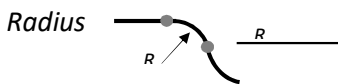
WITH RADIUS REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

Shallow End Configuration:

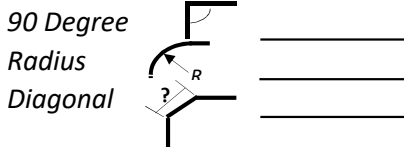


Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N1	
N2	
N3	
O	
P	
Q	
R	
S	

Corners:



Bead Colour:

White _____
 Blue _____
 Grey _____
 Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

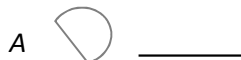
MONACO

Pool Size _____ x _____ Perimeter _____

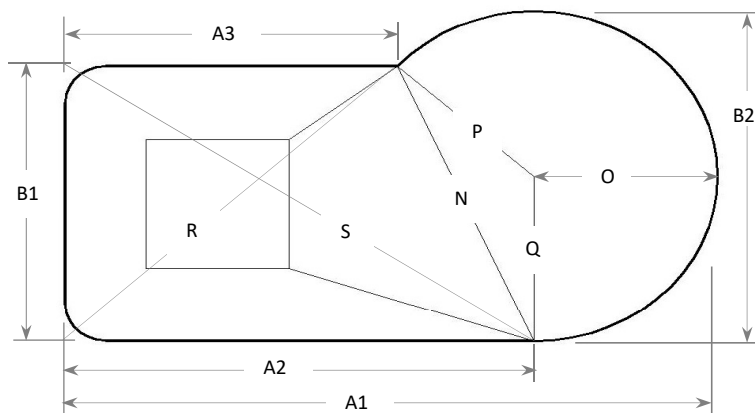
WITH MITERED REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

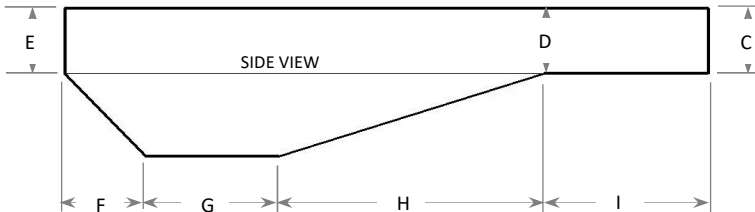
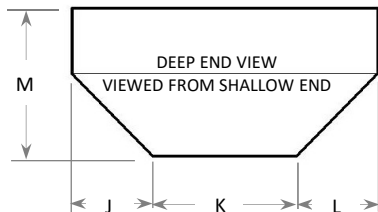
Shallow End Configuration:



Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	



Corners:

90 Degree _____

Radius _____

Diagonal _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

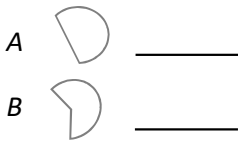
MONACO

Pool Size _____ x _____ Perimeter _____

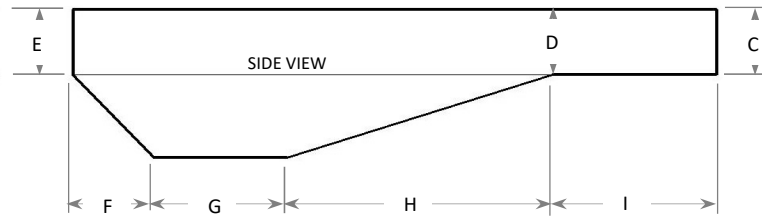
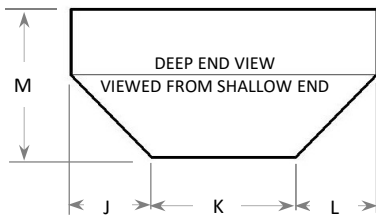
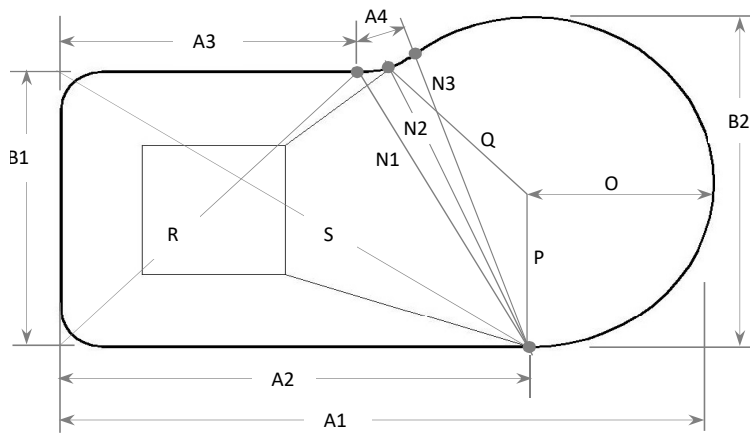
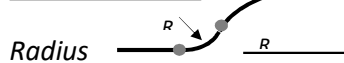
WITH RADIUS REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

Shallow End Configuration:

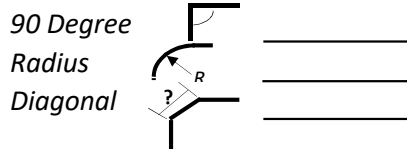


Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N1	
N2	
N3	
O	
P	
Q	
R	
S	

Corners:



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

REVERSE MONACO

Pool Size _____ x _____

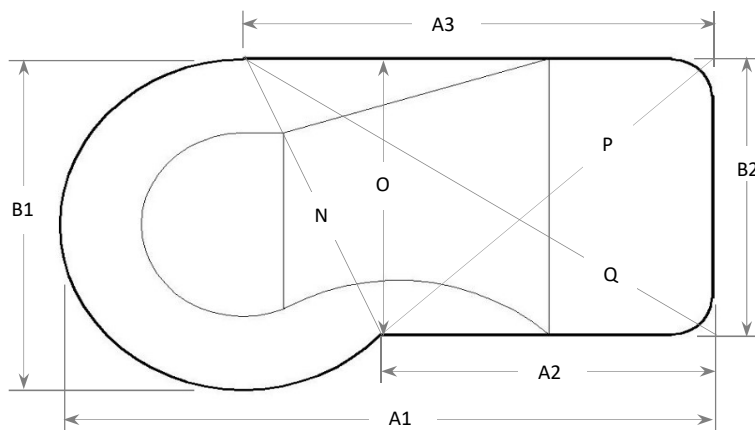
Perimeter _____

WITH MITERED REVERSE CORNER

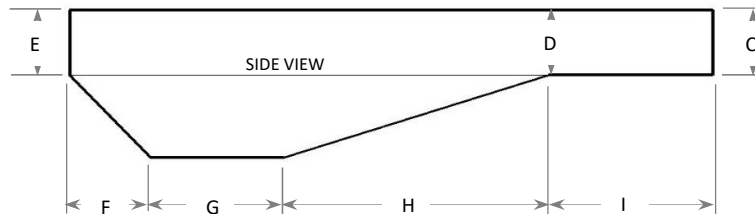
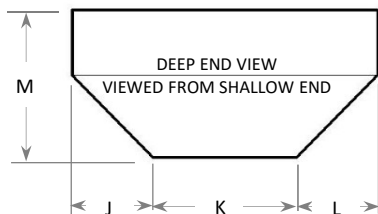
*Diagonals Taken From Imaginary
90 Degree Corners*

Reverse Corner:

Mitered  x _____





Feet & Inches	
A1	
A2	
A3	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	



Corners:

90 Degree  _____

Radius  R _____

Diagonal  ? _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

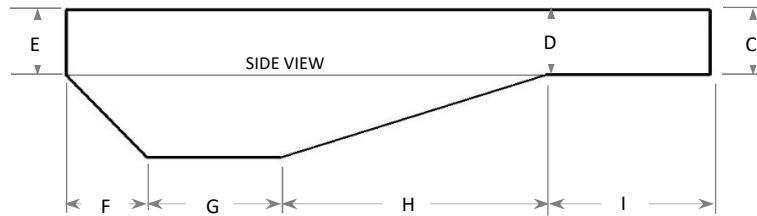
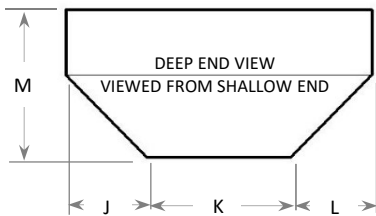
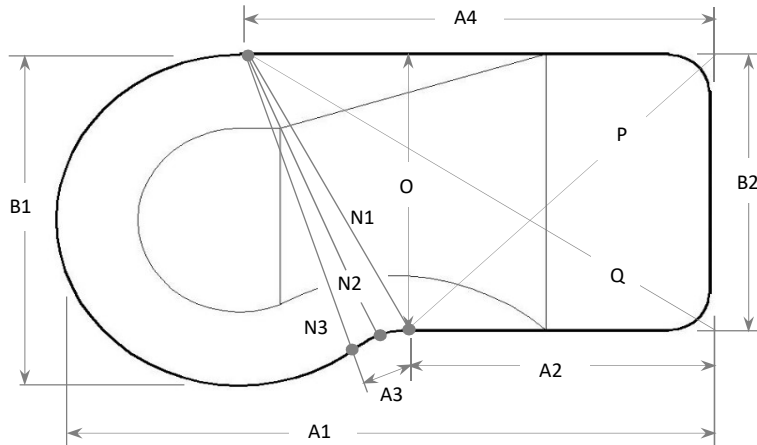
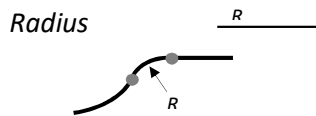
REVERSE MONACO

Pool Size _____ x _____ Perimeter _____

WITH RADIUS REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

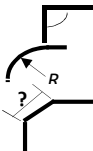
Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N1	
N2	
N3	
O	
P	
Q	

Corners:

- 90 Degree _____
- Radius _____
- Diagonal _____



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

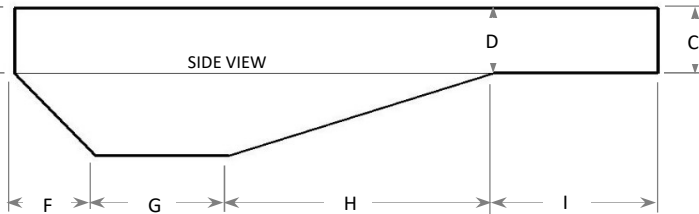
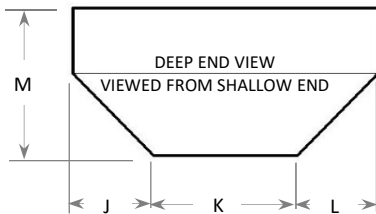
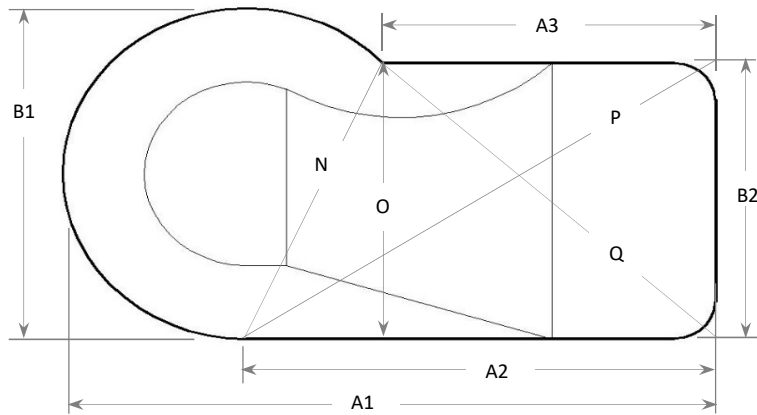
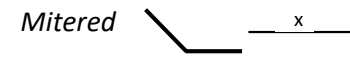
REVERSE MONACO

Pool Size _____ x _____ Perimeter _____

WITH MITERED REVERSE CORNER

*Diagonals Taken From Imaginary
90 Degree Corners*

Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	

Corners:

90 Degree

Radius

Diagonal

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

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Date: _____

Address: _____

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City: _____ Postal Code: _____

Phone: _____ Fax: _____

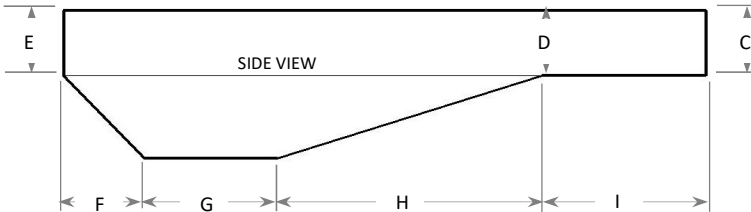
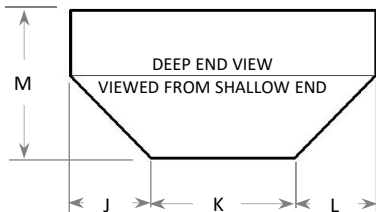
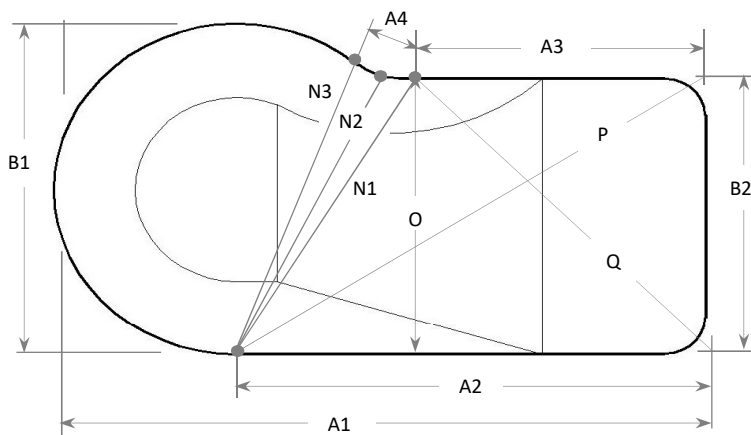
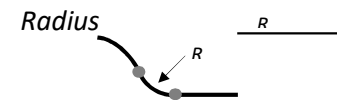
REVERSE MONACO

Pool Size _____ x _____ Perimeter _____

WITH RADIUS REVERSE CORNER

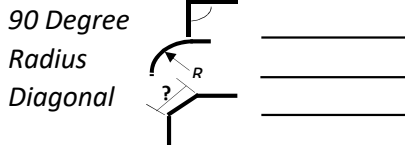
*Diagonals Taken From Imaginary
90 Degree Corners*

Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N1	
N2	
N3	
O	
P	
Q	

Corners:



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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 Fax 905-684-9078 Toll Free Fax 800-684-9078
 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

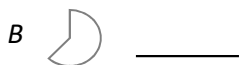
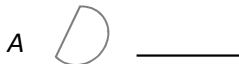
BARBADOS

Pool Size _____ x _____ Perimeter _____

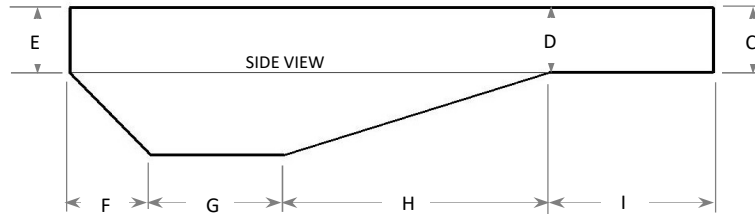
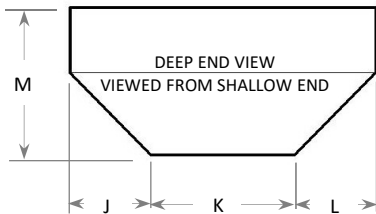
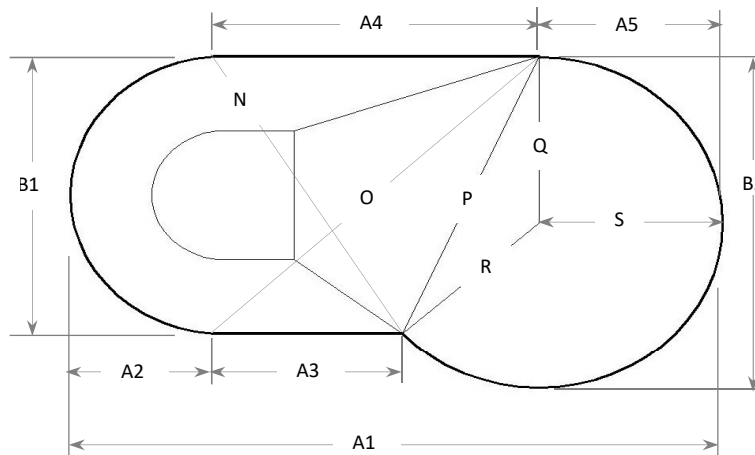
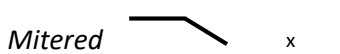
WITH MITERED REVERSE CORNER

Diagonals Taken From Ends of Straight Wall

Shallow End Configuration:



Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
A5	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

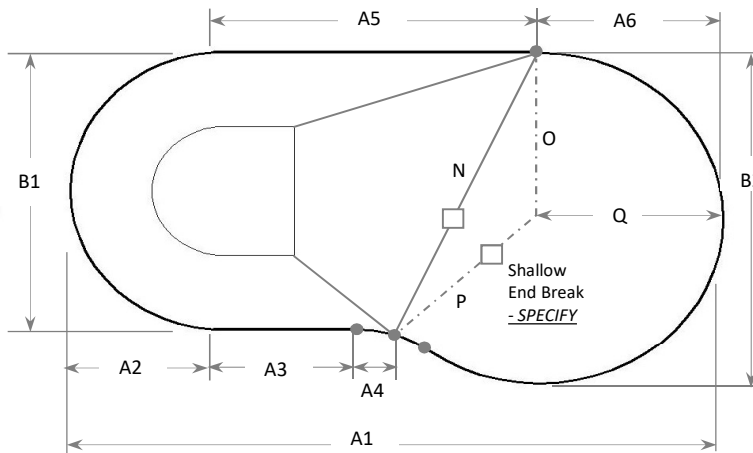
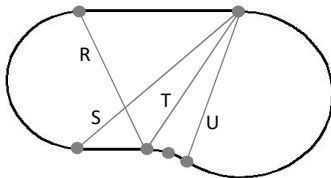
Phone: _____ Fax: _____

BARBADOS

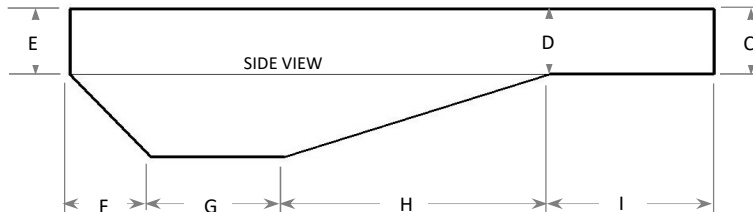
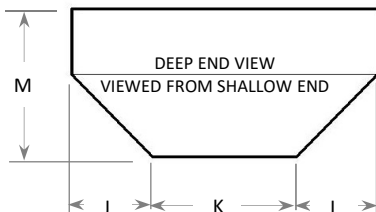
Pool Size _____ x _____ Perimeter _____

WITH RADIUS REVERSE CORNER

Diagonals Taken From Ends of Straight Wall



Reverse Corner:



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

Wall: _____
 Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Feet & Inches	
A1	
A2	
A3	
A4	
A5	
A6	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

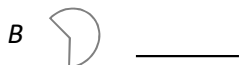
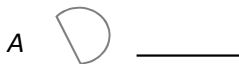
BARBADOS

Pool Size _____ x _____ Perimeter _____

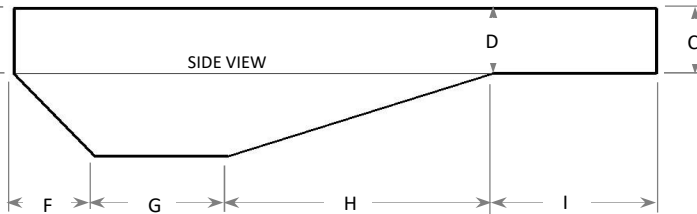
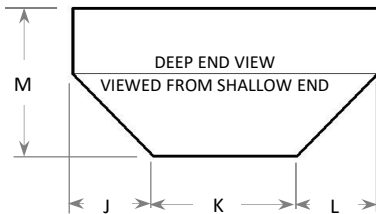
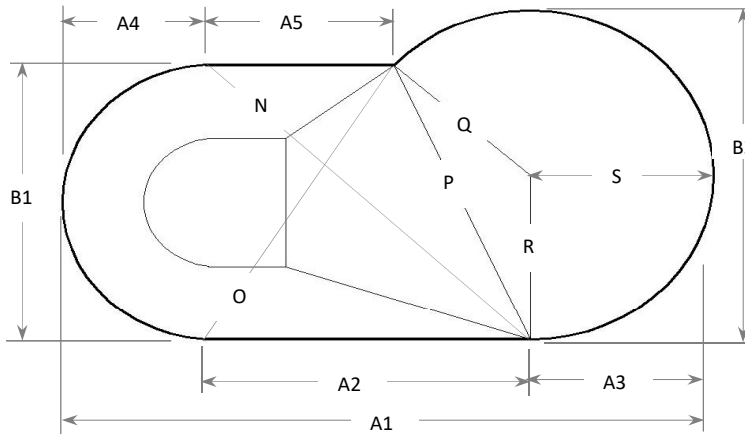
WITH MITERED REVERSE CORNER

Diagonals Taken From Ends of Straight Wall

Shallow End Configuration:



Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
A5	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

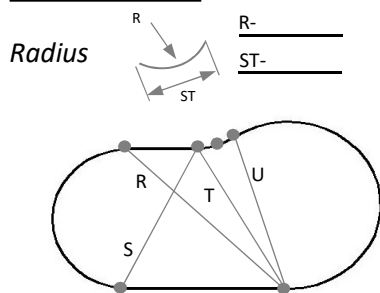
Phone: _____ Fax: _____

BARBADOS

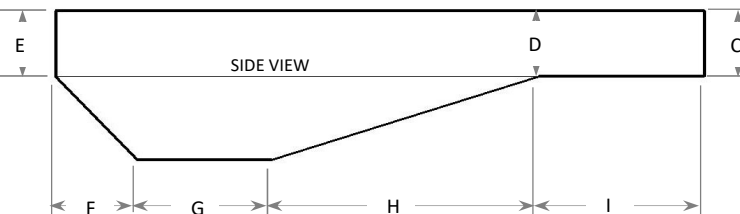
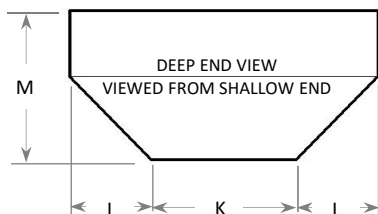
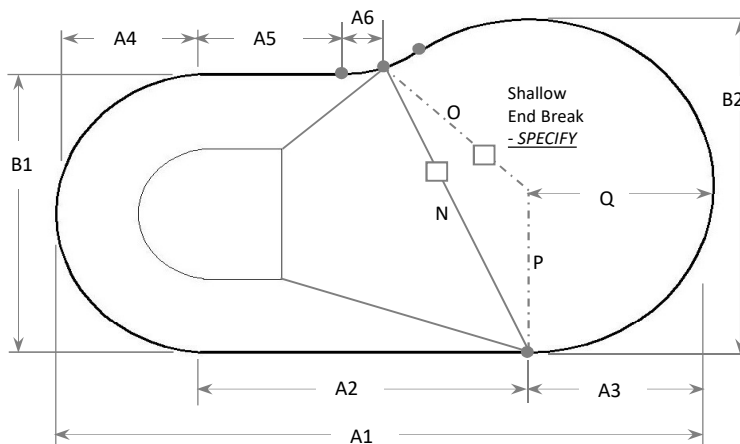
Pool Size _____ x _____ Perimeter _____

WITH RADIUS REVERSE CORNER

Reverse Corner:



Diagonals Taken From Ends of Straight Wall



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

- Wall: _____
- Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Feet & Inches	
A1	
A2	
A3	
A4	
A5	
A6	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

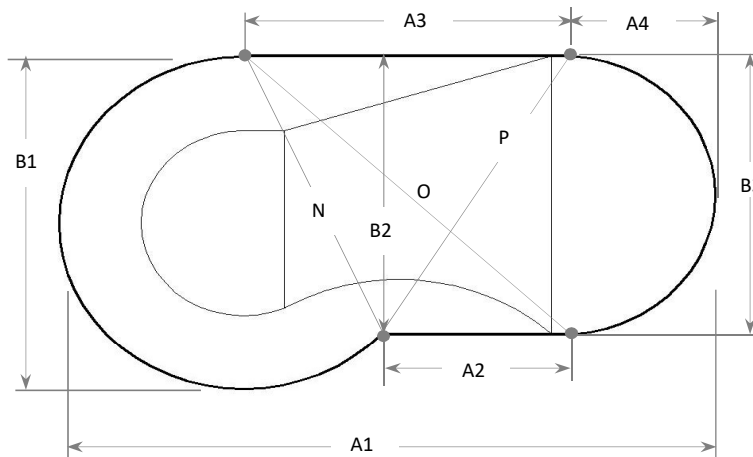
Phone: _____ Fax: _____

REVERSE BARBADOS

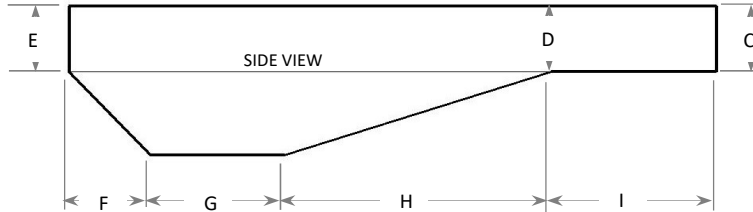
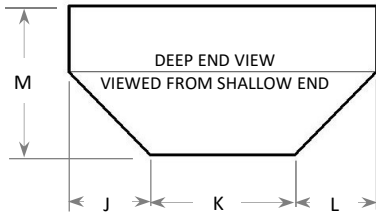
Pool Size _____ x _____ Perimeter _____

WITH MITERED REVERSE CORNER

Diagonals Taken From Ends of Straight Wall



Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

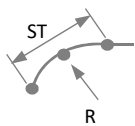
REVERSE BARBADOS
WITH RADIUS REVERSE CORNER

Pool Size _____ x _____ Perimeter _____

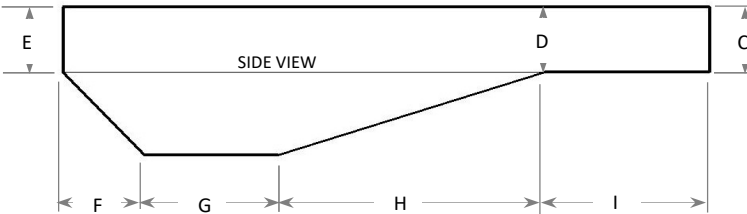
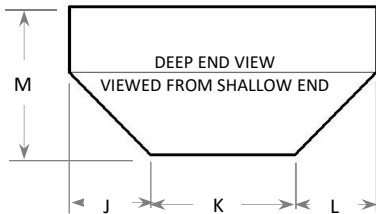
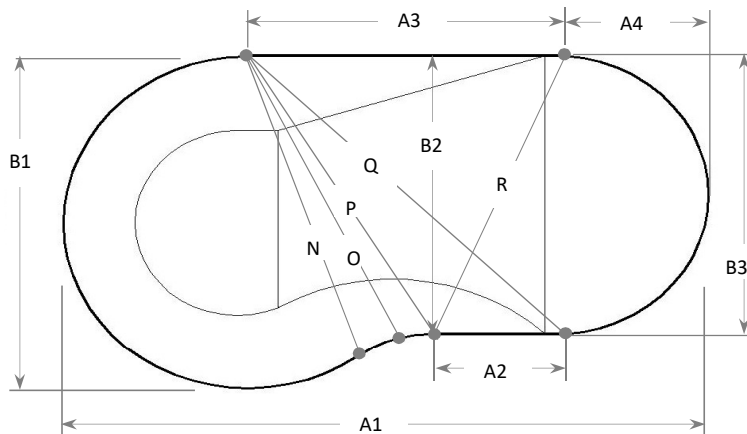
Diagonals Taken From Ends of Straight Wall

Reverse Corner:

Radius



ST - _____
 Radius - _____



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

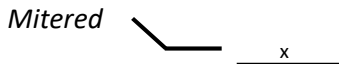
Phone: _____ Fax: _____

REVERSE BARBADOS

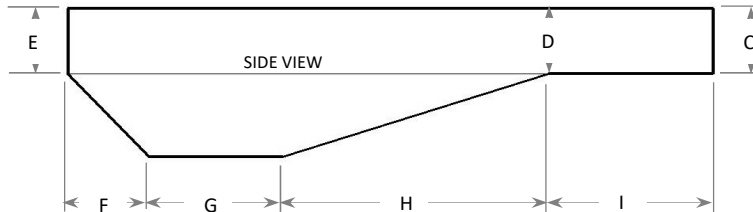
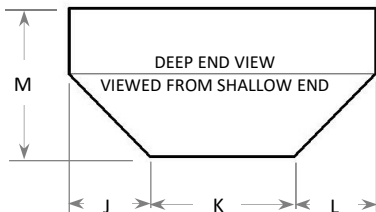
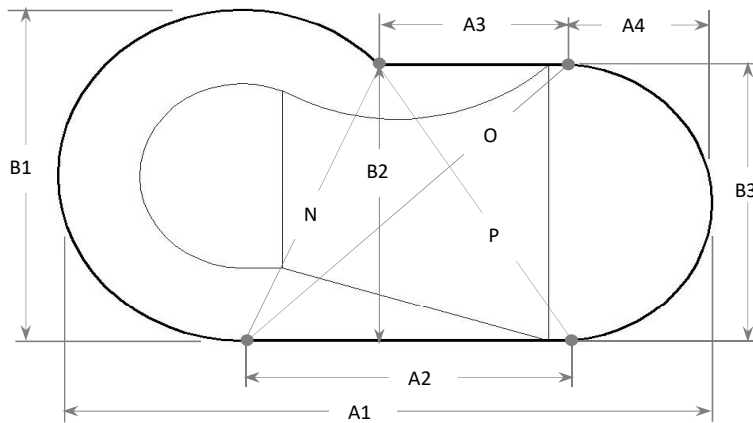
Pool Size _____ x _____ Perimeter _____

WITH MITERED REVERSE CORNER

Reverse Corner:



Diagonals Taken From Ends of Straight Wall



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

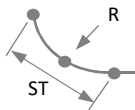
REVERSE BARBADOS
WITH RADIUS REVERSE CORNER

Pool Size _____ x _____ Perimeter _____

Diagonals Taken From Ends of Straight Wall

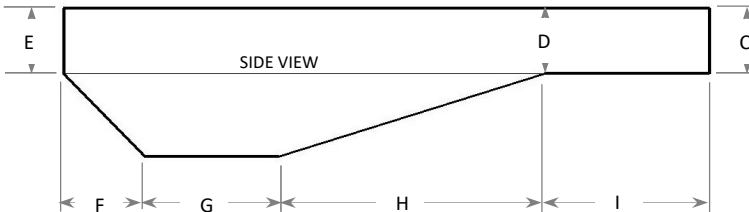
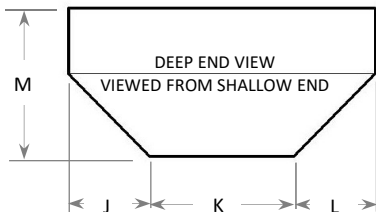
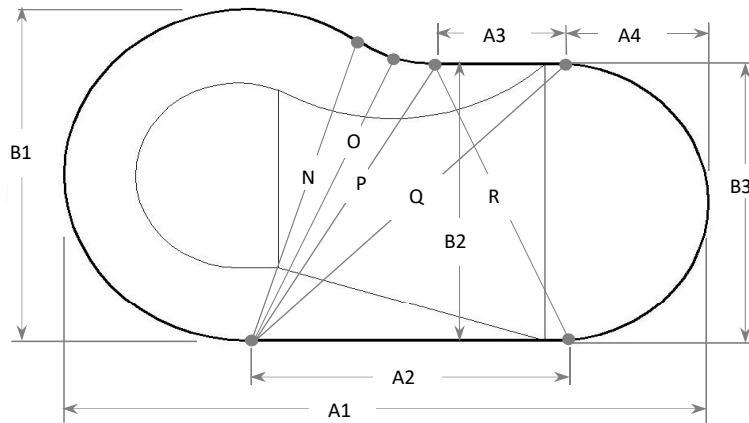
Reverse Corner:

Radius



Radius - _____

ST - _____



Feet & Inches	
A1	
A2	
A3	
A4	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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The Perfect Fit

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

ROMAN

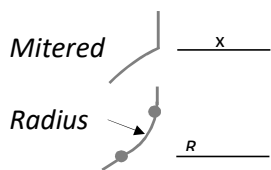
Pool Size _____ x _____ Perimeter _____

*Diagonals Taken From Imaginary
90 Degree Corners*

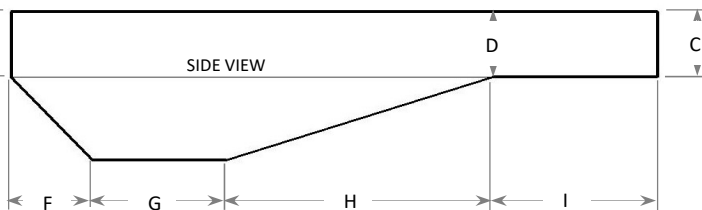
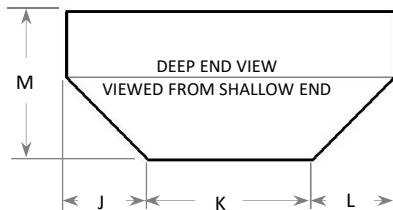
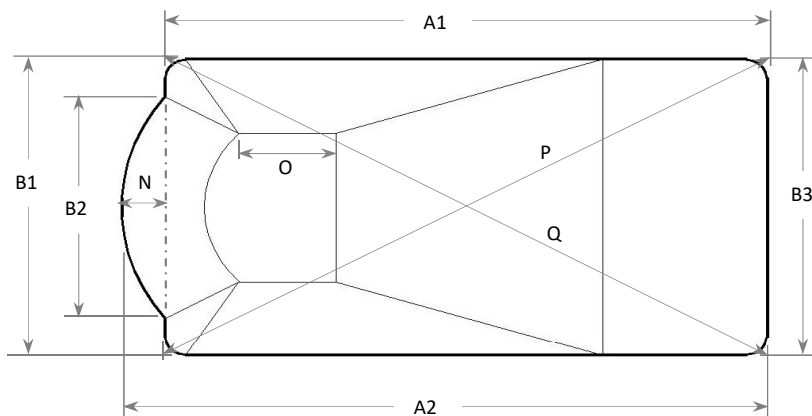
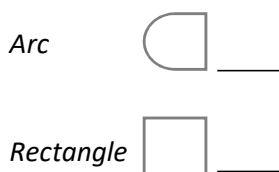
PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Feet & Inches	
A1	
A2	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	

Reverse Corners:



Hopper Configuration:

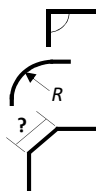


Corners:

90 Degree _____

Radius _____

Diagonal _____



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

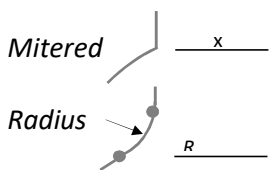
ROMAN

*Diagonals Taken From Imaginary
90 Degree Corners*

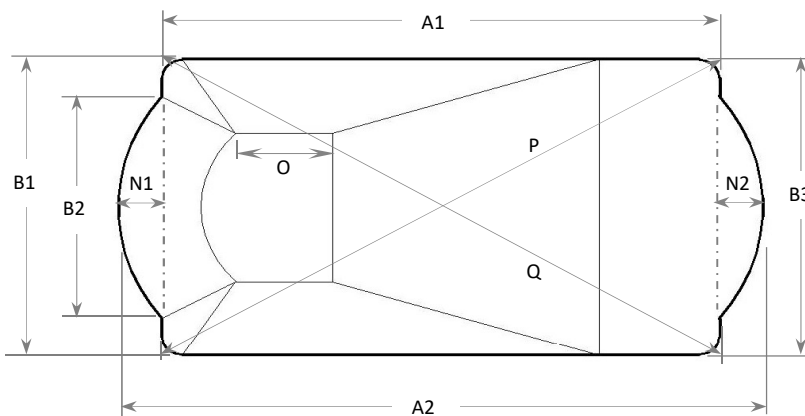
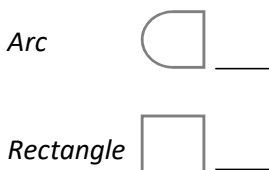
Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

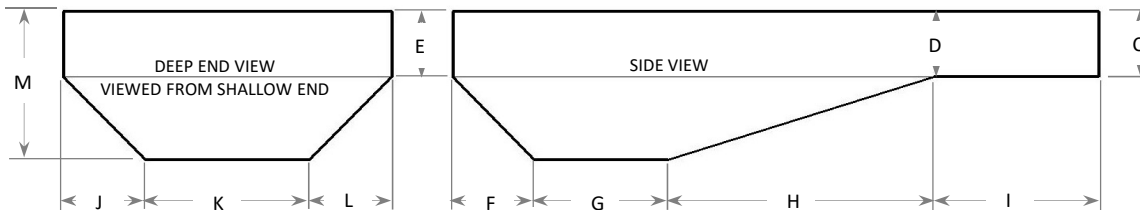
Reverse Corners:



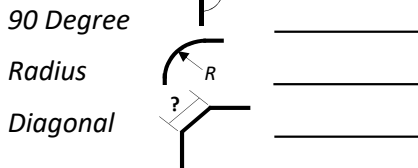
Hopper Configuration:



Feet & Inches	
A1	
A2	
B1	
B2	
B3	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N1	
N2	
O	
P	
Q	



Corners:



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

Wall: _____
 Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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 Fax 905-684-9078 Toll Free Fax 800-684-9078
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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

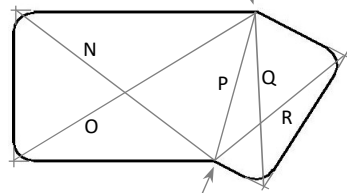
LAZY L

Pool Size _____ x _____ Perimeter _____

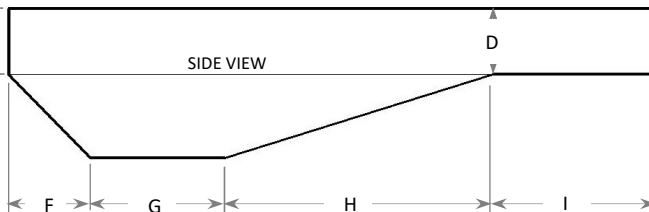
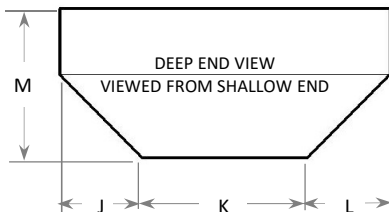
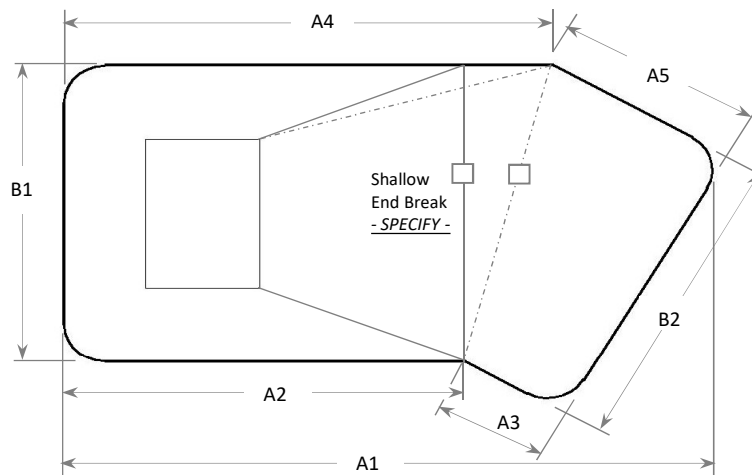
WITH MITERED INSIDE & OUTSIDE CORNERS

*Diagonals Taken From Imaginary
90 Degree Corners*

Mitered Outside Corner:



Mitered Inside Corner:



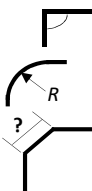
Feet & Inches	
A1	
A2	
A3	
A4	
A5	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Corners:

90 Degree _____

Radius _____

Diagonal _____



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

RADIUS LAZY L

Pool Size _____ x _____

Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

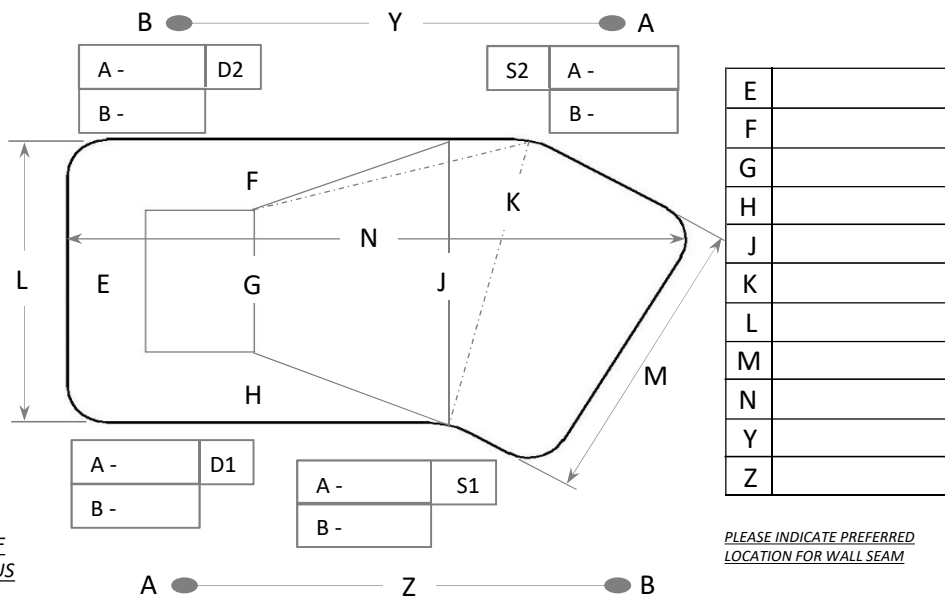
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

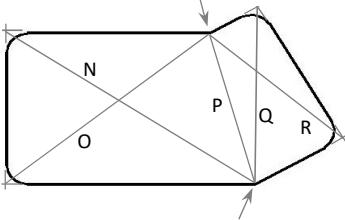
LAZY L

Pool Size _____ x _____ Perimeter _____

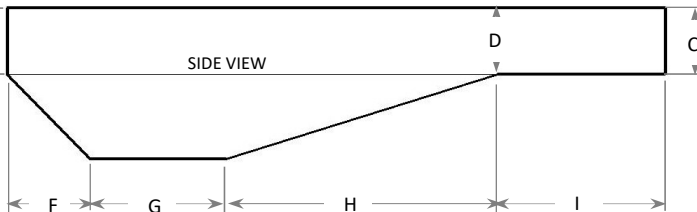
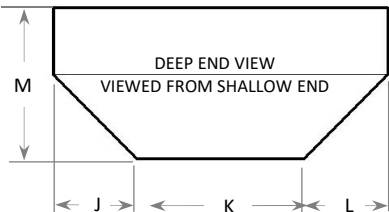
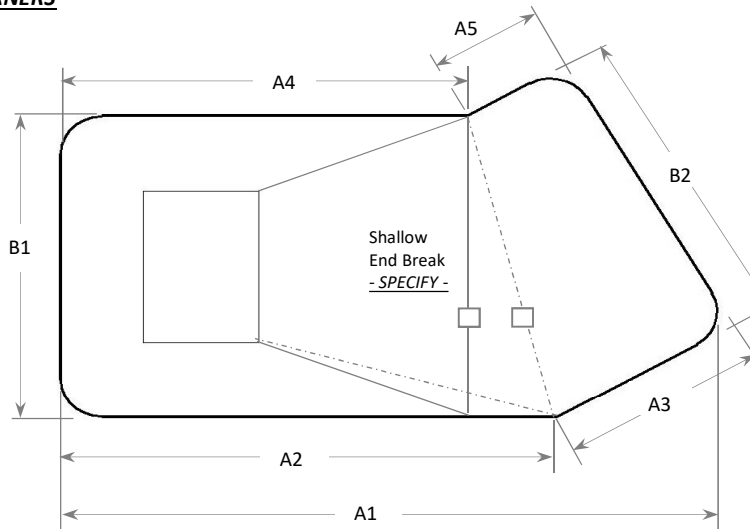
WITH MITERED INSIDE & OUTSIDE CORNERS

Diagonals Taken From Imaginary 90 Degree Corners

Mitered Inside Corner:



Mitered Outside Corner:



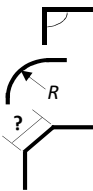
Feet & Inches	
A1	
A2	
A3	
A4	
A5	
B1	
B2	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Corners:

90 Degree _____

Radius _____

Diagonal _____



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

RADIUS LAZY L

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

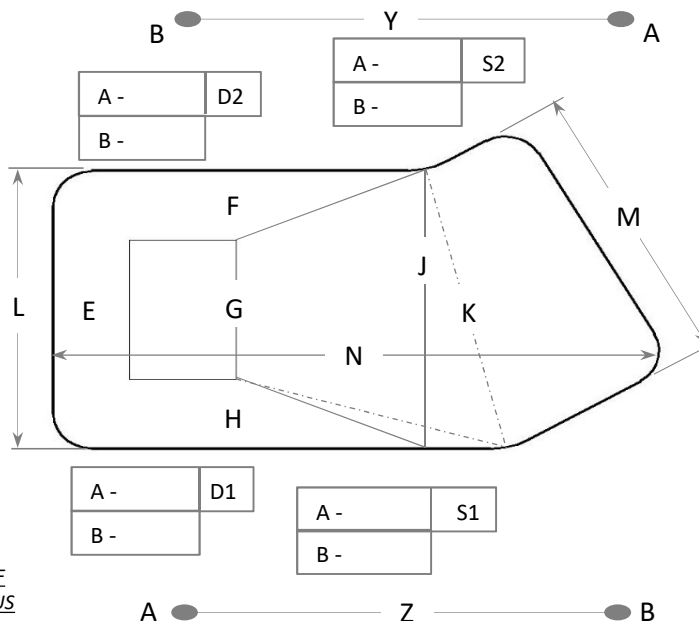
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

CALIFORNIA

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

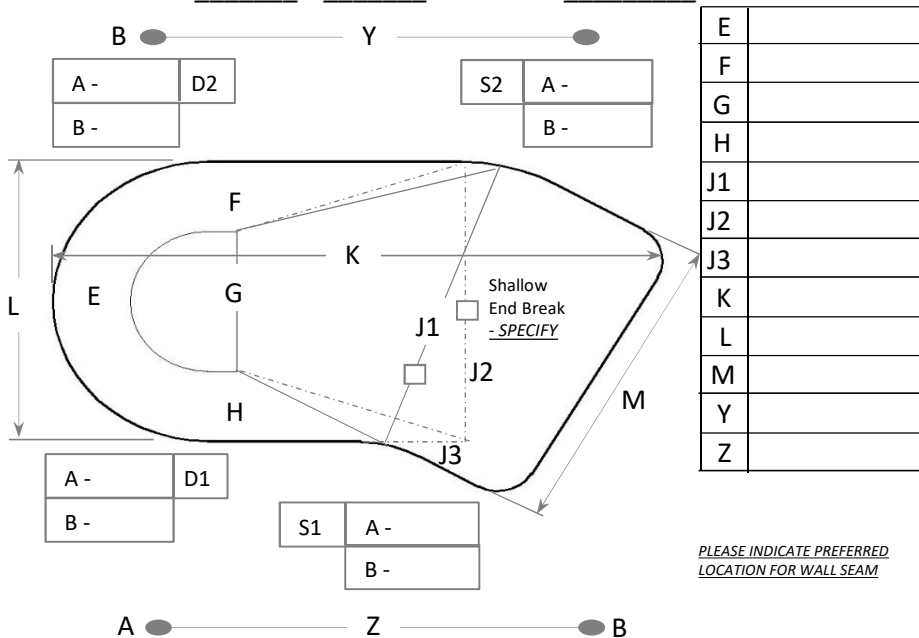
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

CALIFORNIA

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

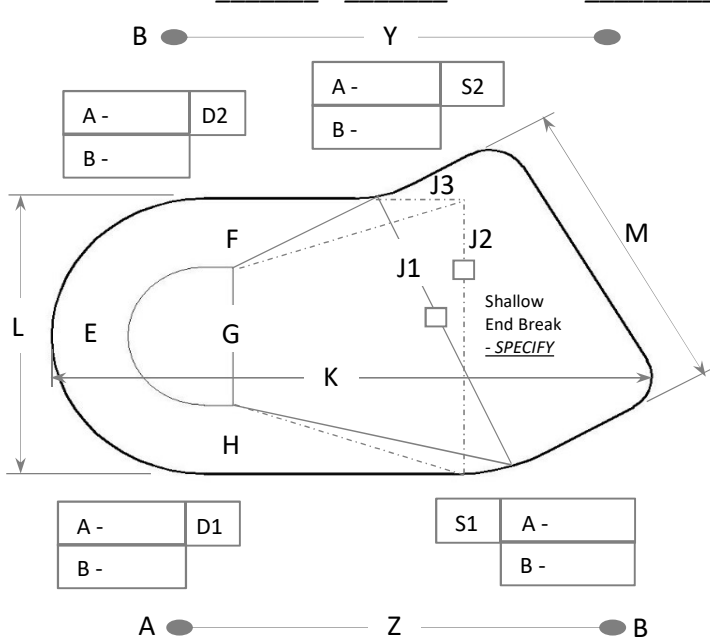
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

ALL CURVES - A & B's REQUIRED TO START OF RADIUS, CENTER OF RADIUS & END OF RADIUS



E
F
G
H
J1
J2
J3
K
L
M
Y
Z

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

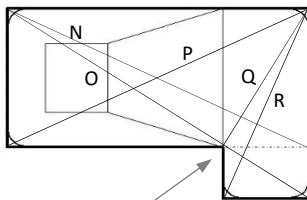
Phone: _____ Fax: _____

FULL 90 DEGREE L

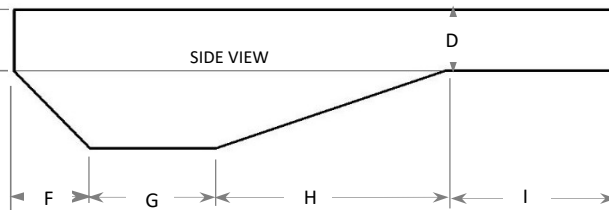
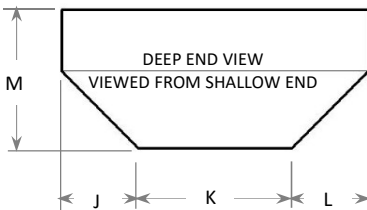
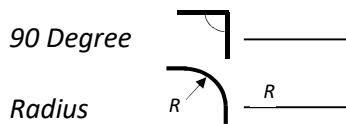
Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From Imaginary 90 Degree Corners

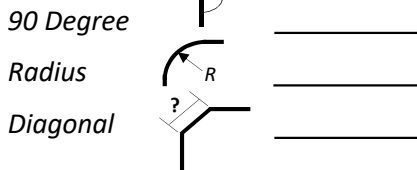


Reverse Corner:



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Corners:



Bead Colour:

White _____
 Blue _____
 Grey _____
 Black _____

Pattern:

Wall: _____
 Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FULL 90 DEGREE L

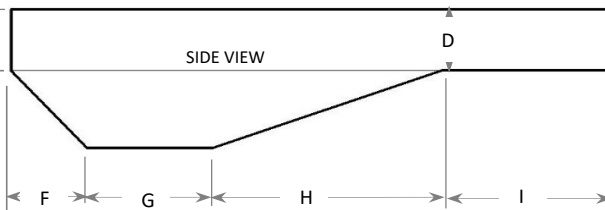
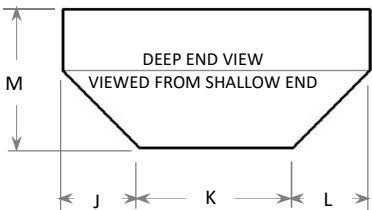
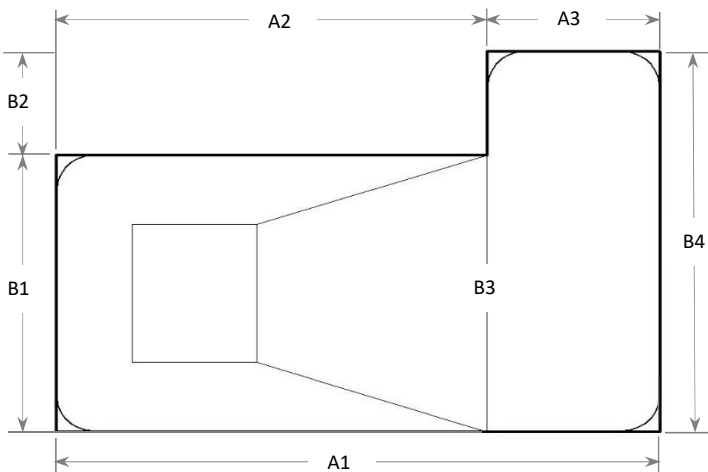
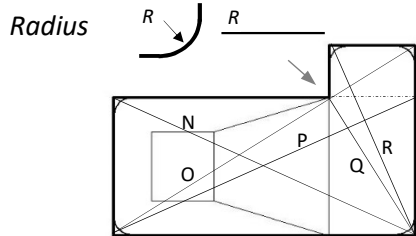
Pool Size _____ x _____ Perimeter _____

*Diagonals Taken From Imaginary
90 Degree Corners*

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Reverse Corner:

90 Degree



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	

Corners:

90 Degree

Radius

Diagonal

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

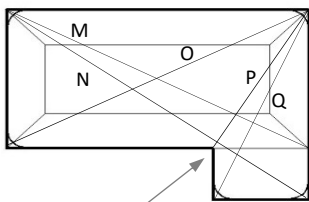
Phone: _____ Fax: _____

FULL 90 DEGREE DEEP L

Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From Imaginary 90 Degree Corners

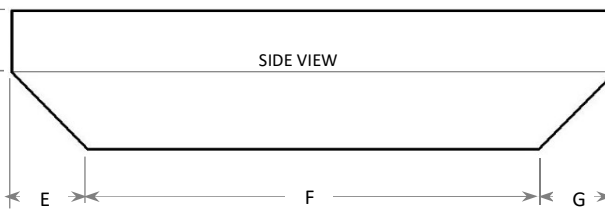
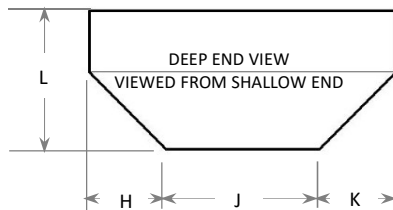
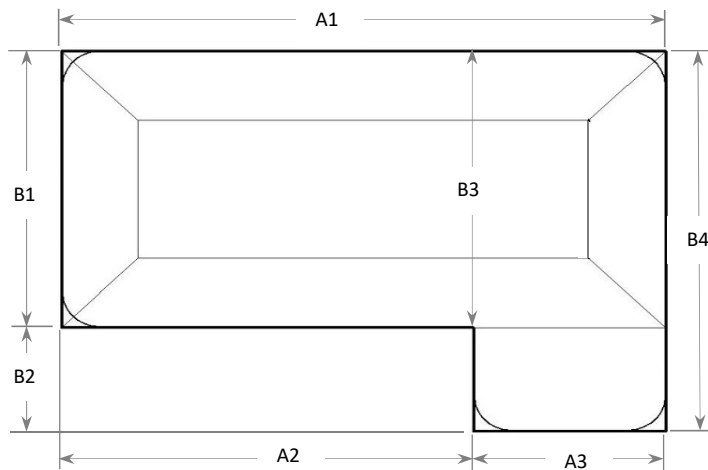
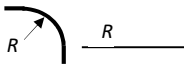


Reverse Corner:

90 Degree



Radius



Feet & Inches	
A1	
A2	
A3	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Q	

Corners:

90 Degree



Radius



Diagonal



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

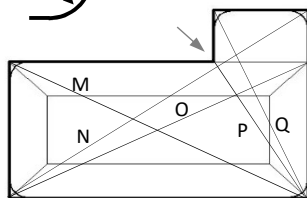
FULL 90 DEGREE DEEP L

Pool Size _____ x _____ Perimeter _____

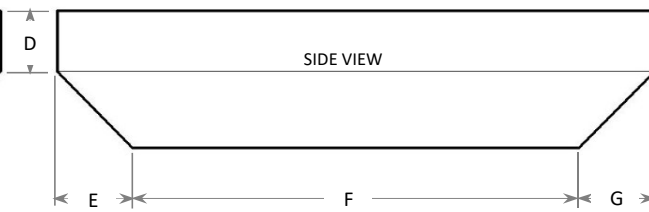
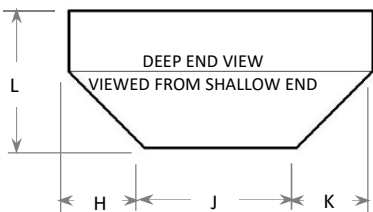
PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Feet & Inches	
A1	
A2	
A3	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Q	

Reverse Corner:



Diagonals Taken From Imaginary 90 Degree Corners



Corners:

90 Degree

Radius

Diagonal

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

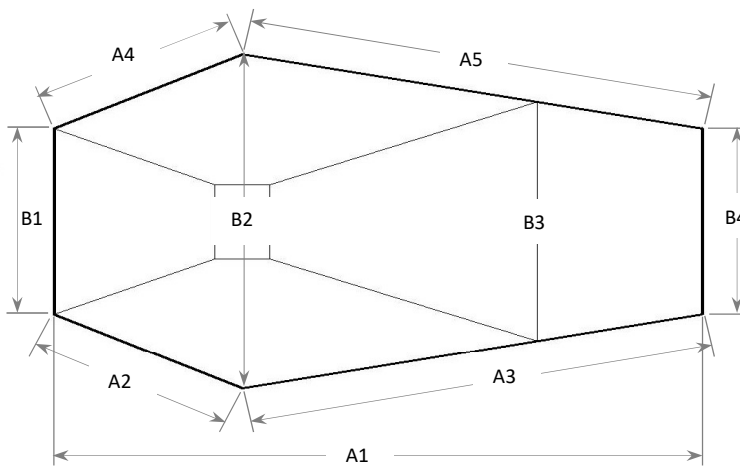
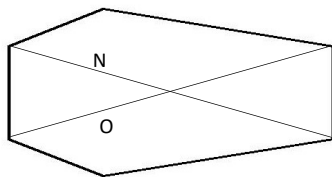
Phone: _____ Fax: _____

KITE

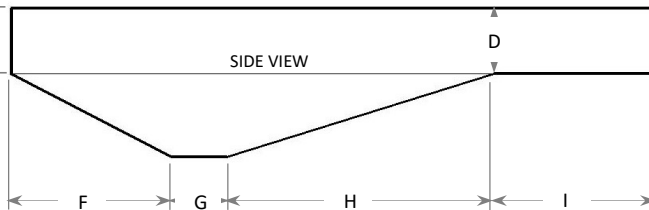
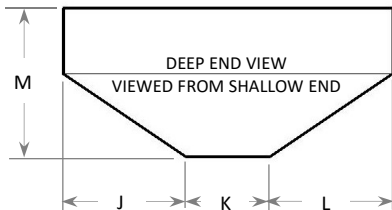
Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From End of Straight Walls



Feet & Inches	
A1	
A2	
A3	
A4	
A5	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	



Hopper Layout:

Standard _____

Wedge _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

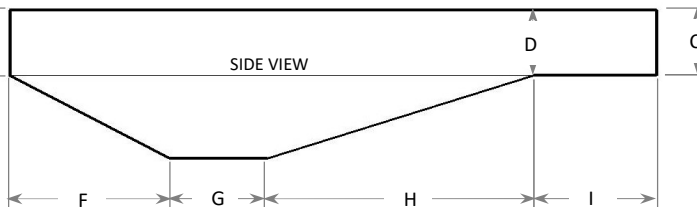
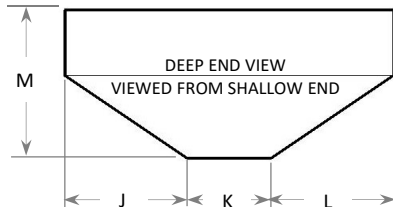
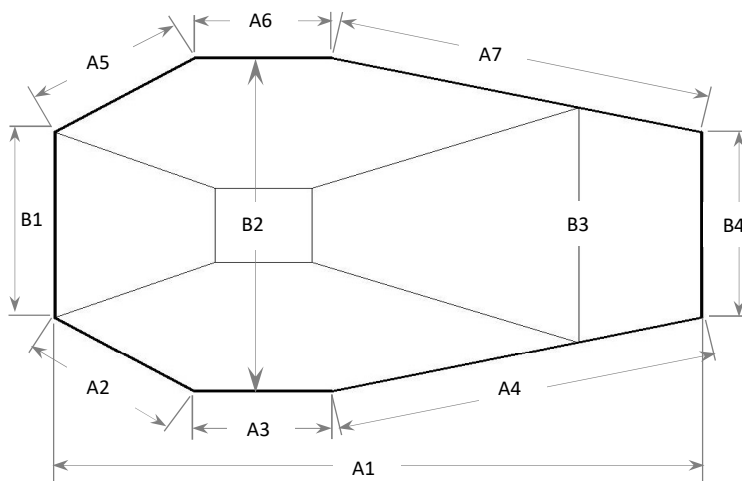
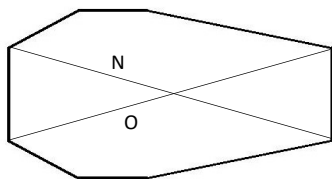
Phone: _____ Fax: _____

KITE II

Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Diagonals Taken From End of Straight Walls



Feet & Inches	
A1	
A2	
A3	
A4	
A5	
A6	
A7	
B1	
B2	
B3	
B4	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	

Hopper Layout:

Standard



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

Straight Slope



PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FIGURE 8

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

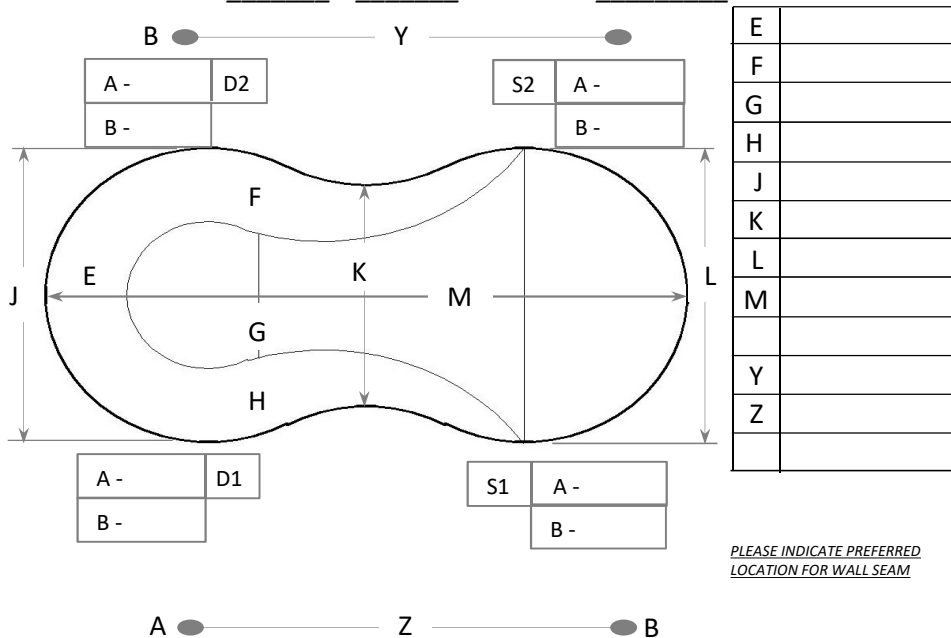
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

FIGURE 8 II

Pool Size _____ x _____ Perimeter _____

B ● _____ Y ● _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

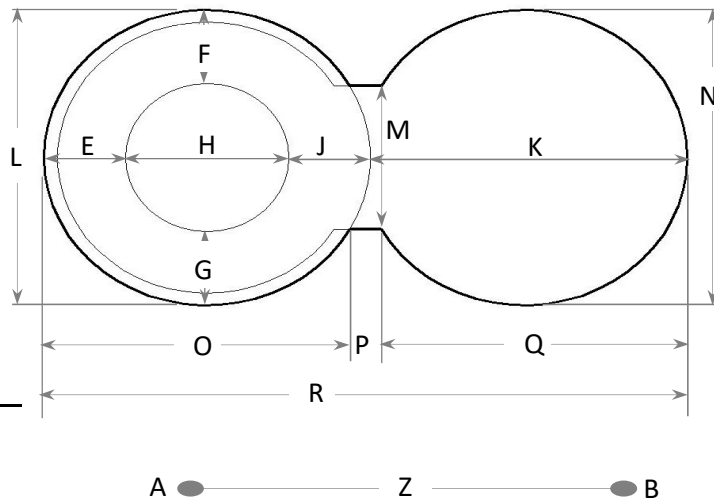
Pattern:

Wall: _____

Floor: _____

Safety Ledge: Yes Inches _____
 No

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

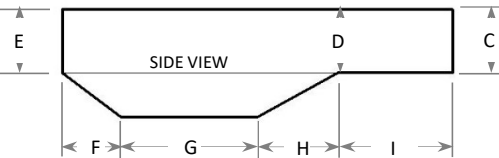
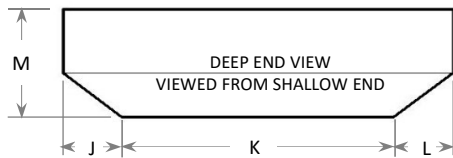
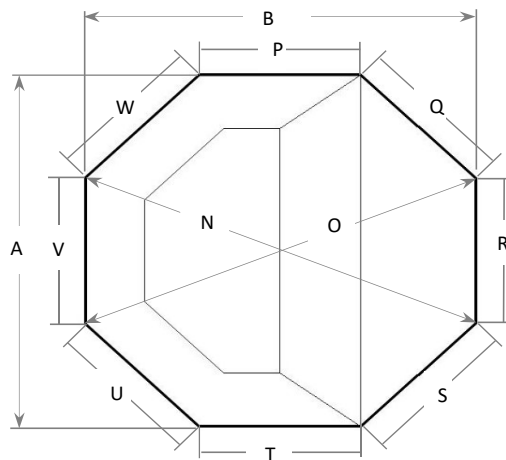
Phone: _____ Fax: _____

OCTAGON

Pool Size _____ x _____ Perimeter _____

*Diagonals Taken From
45 Degree Corner Points*

Hopper Configuration:



Feet & Inches	
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

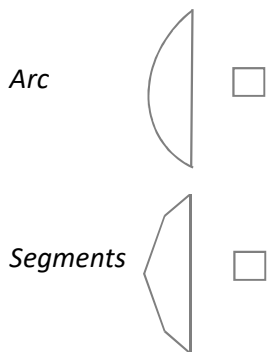
Phone: _____ Fax: _____

DECAGON

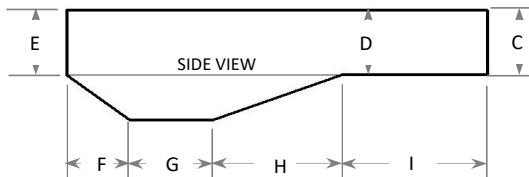
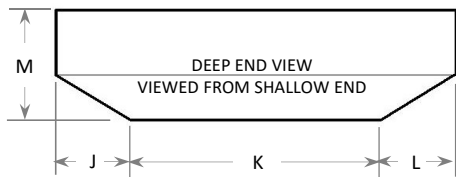
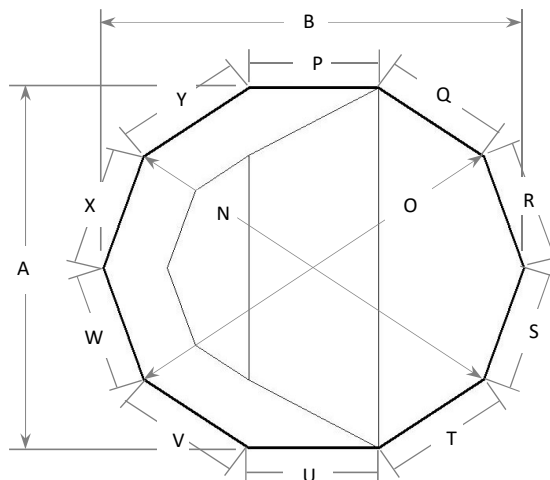
Pool Size _____ x _____ Perimeter _____

Feet & Inches	
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	

Hopper Configuration:



Diagonals Taken From Corner Points



Bead Colour:

White _____

Blue _____

Grey _____

Black _____

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes _____ No _____**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

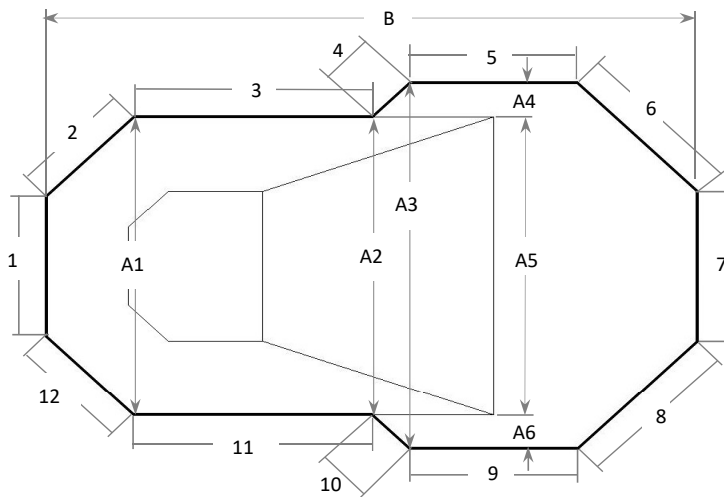
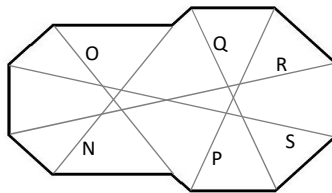
Phone: _____ Fax: _____

GRECIAN TEE

Corners: Mitered

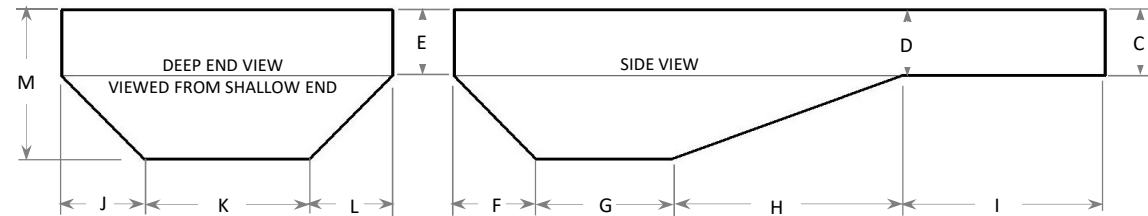
Pool Size _____ x _____ Perimeter _____

*Diagonals Taken From
45 Degree Corner Points*



Hopper Configuration:

- Rectangular
- Arc
- House



Bead Colour:

- White _____
- Blue _____
- Grey _____
- Black _____

Pattern:

- Wall: _____
- Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include w/Liner - Yes ___ No ___**

Feet & Inches	
A1	
A2	
A3	
A4	
A5	
A6	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

GRECIAN TEE RADIUS

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

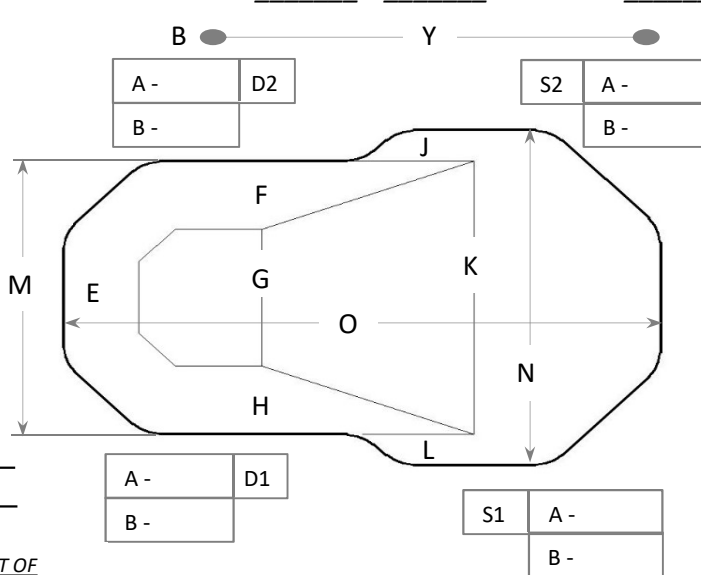
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E
F
G
H
J
K
L
M
N
O
Y
Z

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

ALL CURVES - A & B's REQUIRED AT START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

A ● ————— Z ● ————— B ●

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

OFFSET GRECIAN

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

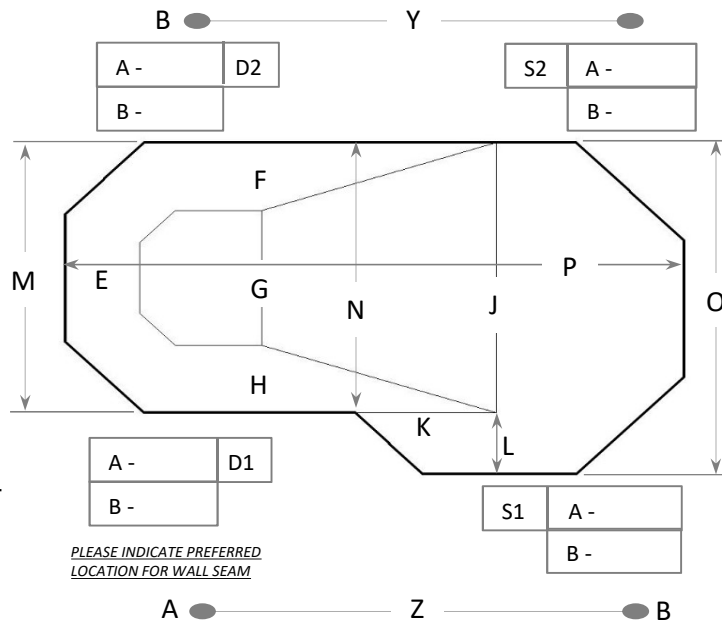
Floor: _____

Hopper Configuration:

Rectangular _____

Arc _____

House _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Y	
Z	

Corners:
Mitered

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

OFFSET RADIUS GRECIAN

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

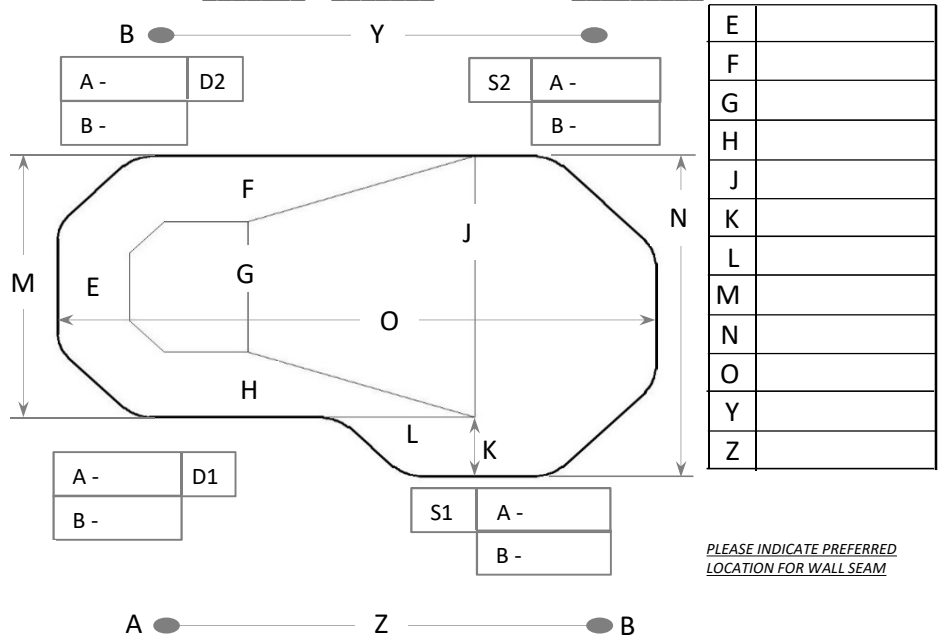
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



ALL CURVES - A & B's REQUIRED AT START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

OFFSET GRECIAN

Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Wall Height: _____

Depth: _____

Bead Colour: _____

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

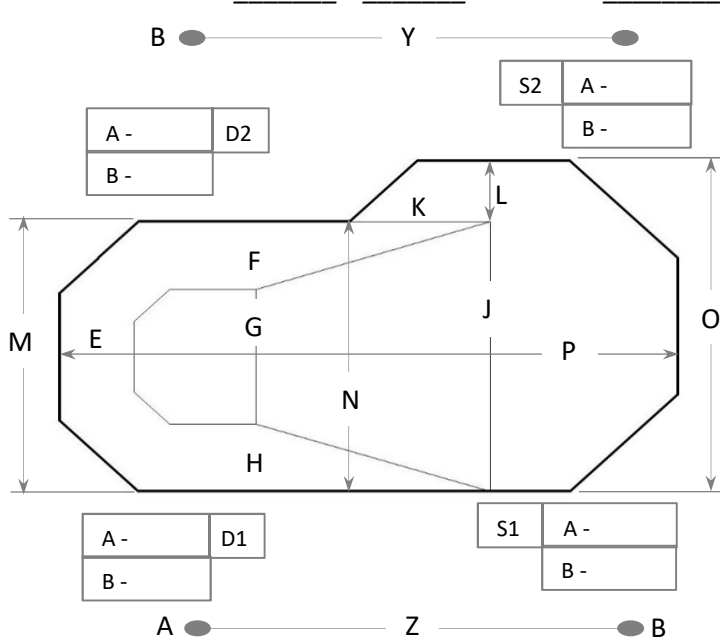
Floor: _____

Hopper Configuration:

Rectangular _____

Arc _____

House _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Y	
Z	

Corners:
Mitered

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

OFFSET RADIUS GRECIAN

Pool Size _____ x _____ Perimeter _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Wall Height: _____

Depth: _____

Bead Colour: _____

White _____

Blue _____

Grey _____

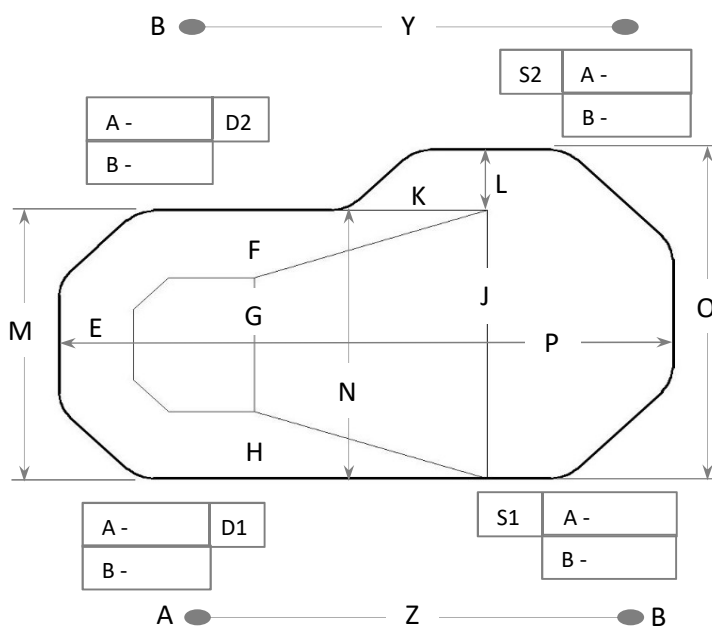
Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Y	
Z	

ALL CURVES - A & B's REQUIRED AT START OF RADIUS, CENTER OF RADIUS & END OF RADIUS

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

STYLED OFFSET

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

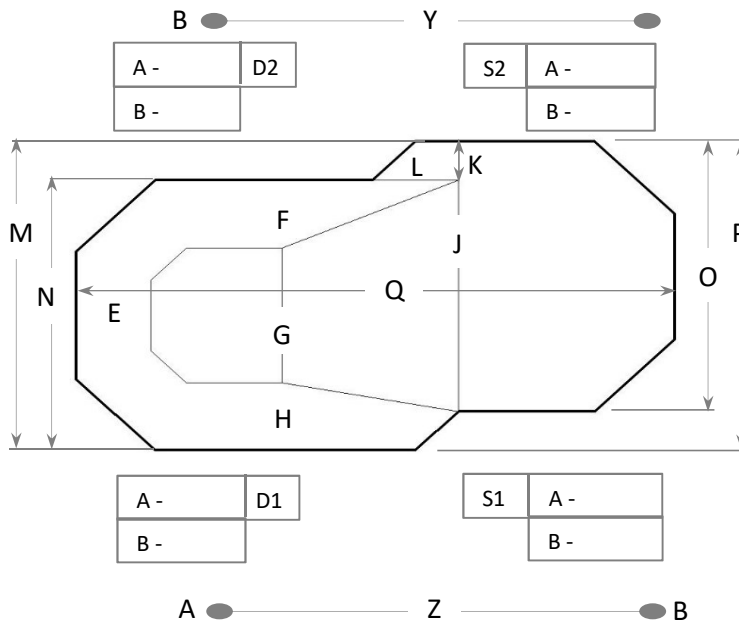
Hopper Configuration:

Rectangular _____

Arc _____

House _____

Pool Size _____ x _____ Perimeter _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Q	
Y	
Z	

Corners:

Mitered

Radius

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

STYLED OFFSET

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

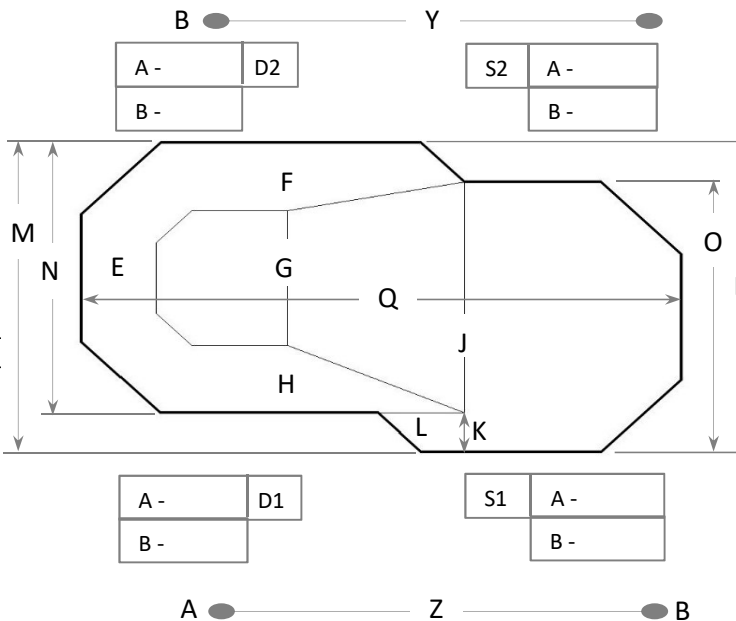
Hopper Configuration:

Rectangular _____

Arc _____

House _____

Pool Size _____ x _____ Perimeter _____



E	
F	
G	
H	
J	
K	
L	
M	
N	
O	
P	
Q	
Y	
Z	

Corners:

Mitered

Radius

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**



The Perfect Fit

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 Fax 905-684-9078 Toll Free Fax 800-684-9078
 sales@linerwerx.com www.linerwerx.com

LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

TEARDROP

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

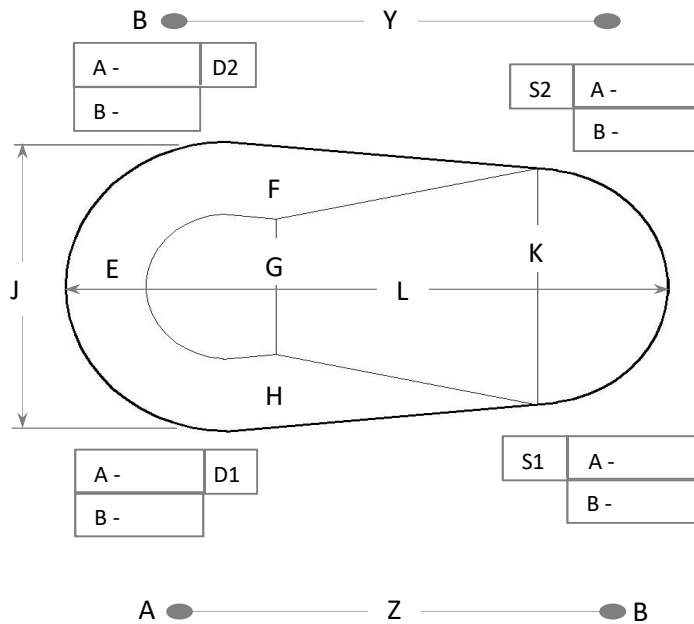
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



E	
F	
G	
H	
J	
K	
L	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

REVERSE TEARDROP

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

White _____

Blue _____

Grey _____

Black _____

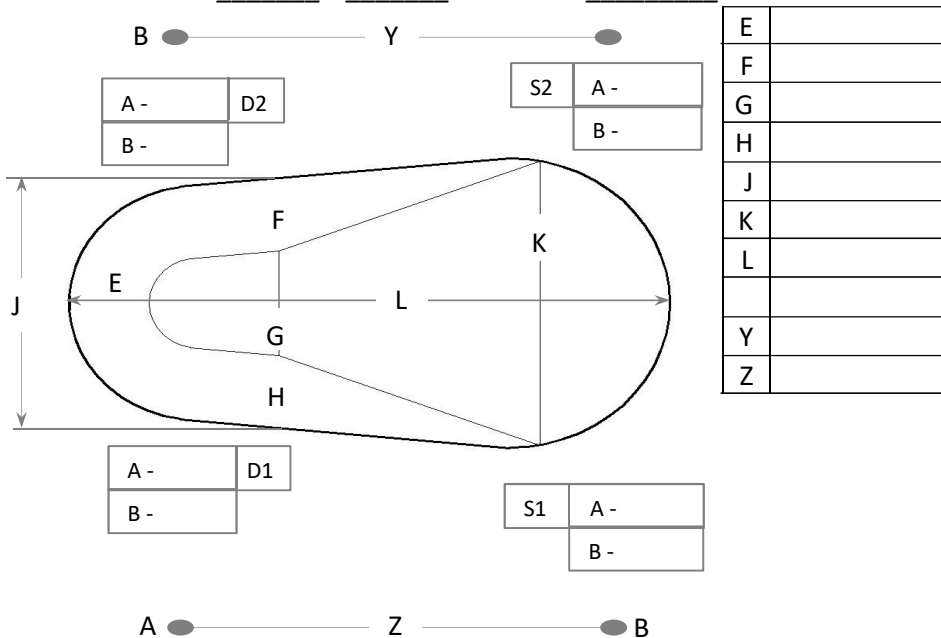
PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Pattern:

Wall: _____

Floor: _____

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM



E	
F	
G	
H	
J	
K	
L	
Y	
Z	

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

DIAMOND

Pool Size _____ x _____ Perimeter _____

Wall Height: _____

Depth: _____

Bead Colour:

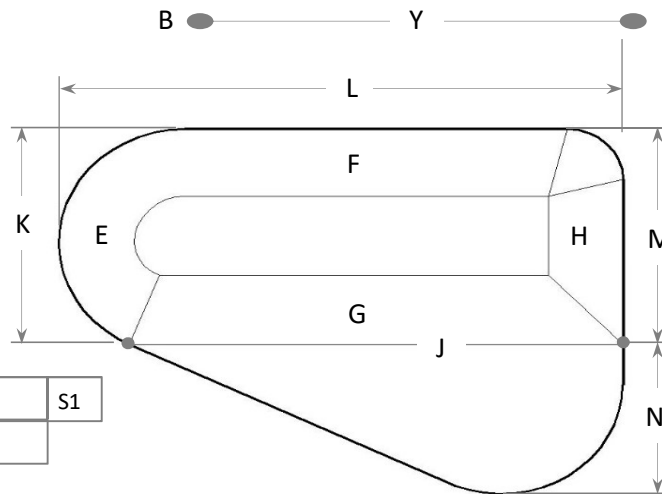
White _____

Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED



E	
F	
G	
H	
J	
K	
L	
M	
N	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

A -	S1
B -	

S2	A -
	B -

Pattern:

Wall: _____

Floor: _____

A ● ——— Z ——— ● B

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes ___ No ___



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

DIAMOND REVERSE

Pool Size _____ x _____ Perimeter _____

B ● ————— Y ●

Wall Height: _____

Depth: _____

Bead Colour:

White _____

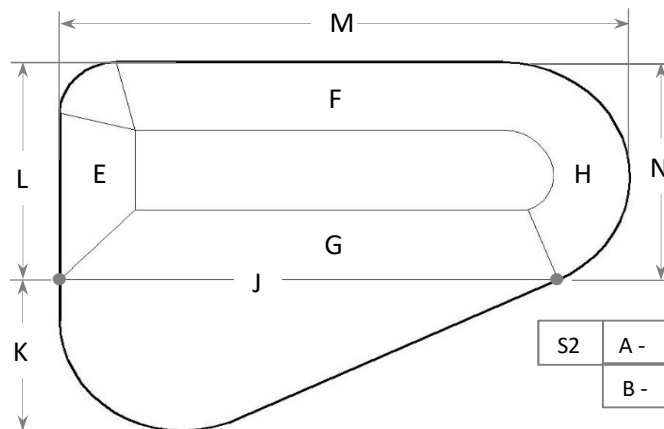
Blue _____

Grey _____

Black _____

PLEASE NOTE: IF BEAD COLOUR IS NOT SPECIFIED WHITE BEAD WILL BE USED

A -	S1
B -	



E	
F	
G	
H	
J	
K	
L	
M	
N	
Y	
Z	

PLEASE INDICATE PREFERRED LOCATION FOR WALL SEAM

Pattern:

Wall: _____

Floor: _____

A ● ————— Z ● ————— B ●

PT	A	B	PT	A	B	PT	A	B	PT	A	B
1			13			25			37		
2			14			26			38		
3			15			27			39		
4			16			28			40		
5			17			29			41		
6			18			30			42		
7			19			31			43		
8			20			32			44		
9			21			33			45		
10			22			34			46		
11			23			35			47		
12			24			36			48		

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Parts Required e.g. Faceplates, Gaskets, etc. - Specify *** Include with Liner - Yes _____ No _____



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LINER ORDER / QUOTE FORM

QUOTE



ORDER



Dealer Name: _____

Date: _____

Address: _____

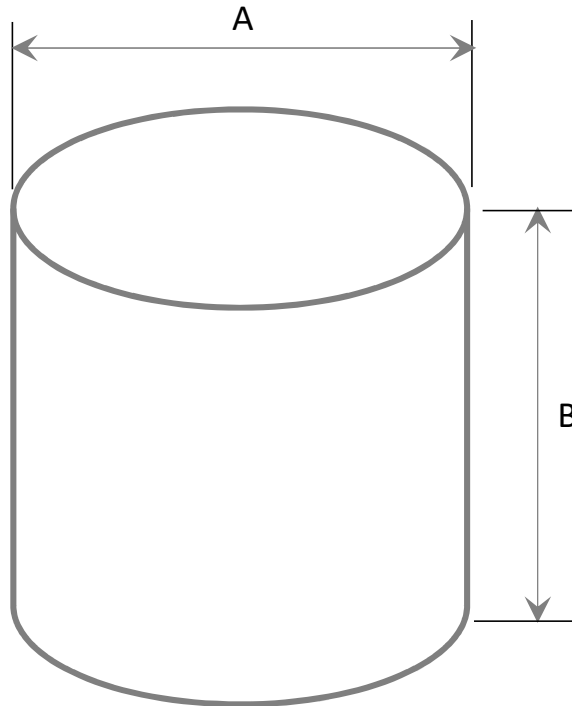
Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

ROUND CISTERN - WHITE FOOD GRADE 30mil

LINER SIZE		
INSIDE DIAMETER	A	_____ FT. _____ IN.
INSIDE WALL HEIGHT	B	_____ FT. _____ IN.
OVERLAP <input type="checkbox"/>		_____ IN.
WHITE BEAD <input type="checkbox"/>		



Notes:



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LINER ORDER / QUOTE FORM

QUOTE

ORDER

Dealer Name: _____

Date: _____

Address: _____

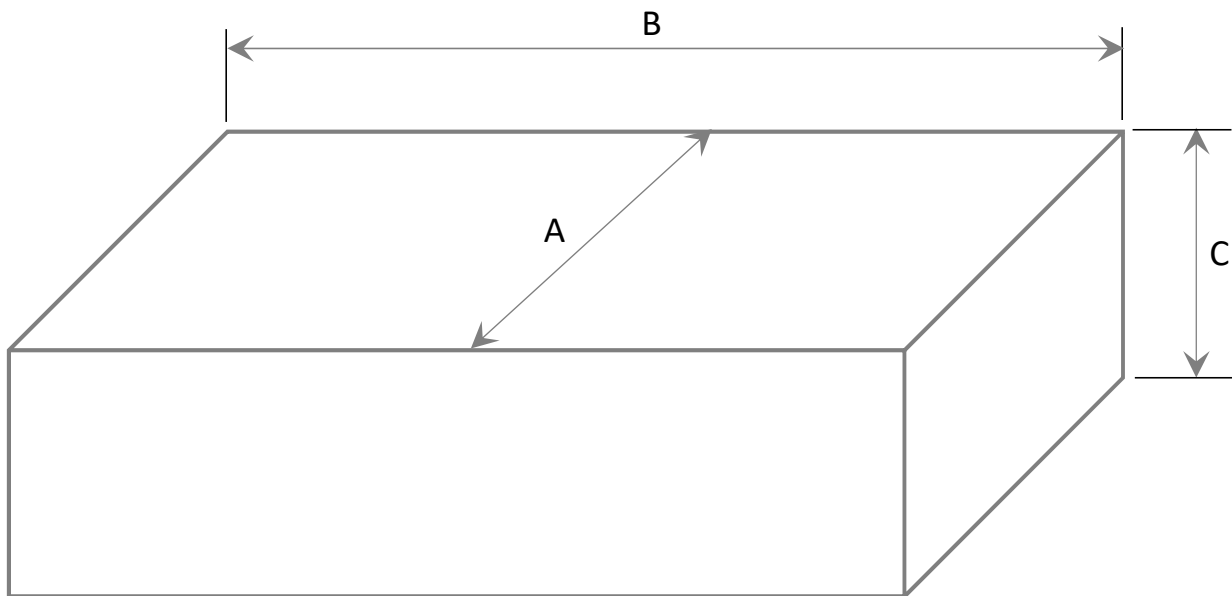
Customer Tag: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

RECTANGULAR CISTERN - WHITE FOOD GRADE 30mil

<u>LINER SIZE</u>		
WIDTH	A	_____ FT. _____ IN.
LENGTH	B	_____ FT. _____ IN.
WALL HEIGHT	C	_____ FT. _____ IN.
OVERLAP <input type="checkbox"/>		_____ IN.
WHITE BEAD <input type="checkbox"/>		



Notes:



The Perfect Fit

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LINER ORDER / QUOTE FORM

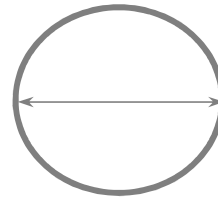
QUOTE

ORDER

Dealer Name: _____ Date: _____
Address: _____ Customer Tag: _____
City: _____ Postal Code: _____
Phone: _____ Fax: _____

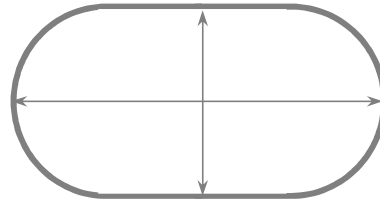
ABOVEGROUND ROUND

Size: _____
Actual Diameter: _____
Perimeter: _____



ABOVEGROUND OVAL

Size: _____ x _____
Actual Size: _____ x _____
Perimeter: _____



Pool Wall Height: _____ inches

Cove: Yes No

Bead Type: Standard U-Bead JS Bead Overlap Other: Specify _____

Bottom: Flat Dished Hopper

Pattern: Floor _____

Pattern: Wall _____

Manufacturer: _____

Parts Required e.g. Faceplates, Gaskets, etc. - Specify * Include with Liner - Yes ___ No ___**

