RECTANGLE

(518) 786-1200 • Fax (518) 786-1476 Orders can be e-mailed to LinerOrder@TheVinyIWorks.com • QUOTE • REPLACEMENT • NEW POOL DATE:PO#:	Diagonal
JOB NAME:	
ORDERED BY COMPANY:	Image: Constraint of the sector of the se
WALL PATTERN:	Width S1 S1
DLR: ORDER #: PRODUCTION #: DATE:	CORNER Square Diagonal Radius 90° Diagonal Distance Radius Radius Radius Radius
The prompt production and delivery of your liner will depend on the accuracy and co	mpleteness of this request. No custom liner will be started unless all information is complete.

ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works order form must be used to be eligible for Liner Guard approved reimbursement.

I hereby authorize Vinyl Works, Inc. to produce, as a special order, a vinyl liner for an inground pool in accordance with the design provided and acknowledge that Vinyl Works, Inc. has not participated in either the design or specifications of this liner and accept full responsibility for the same. I further agree not to hold Vinyl Works, Inc. liable. I will pay in full for any and all claims and expenses that may arise out of the

GUARD

Note: Diagonal should be taken from the imaginary 90° corner

Vinyl Works, Inc. • 33 Wade Road • Latham, NY 12110 VINYL WORKS LINERS ARE FOR RESIDENTIAL USE ONLY. 2/19

SIGNED:

design or use of said special liner.

90° EL LEFT

The vinyl	(518) 786-1200 • Fax (518) 786-1476 Orders can be e-mailed to LinerOrder@TheVinylWorks.com	
work	QUOTE	□ ORDER □ NEW POOL
DATE:	PO#:	
JOB NAME:		
ORDERED BY		
COMPANY:		
CONTACT:		
ADDRESS:		
CITY/STATE:	ZIP	:

PHONE: _____ FAX: _____

NAME: _____

CITY/STATE: _____ ZIP: _____

WALL PATTERN: Mil:

FLOOR PATTERN: Mil:

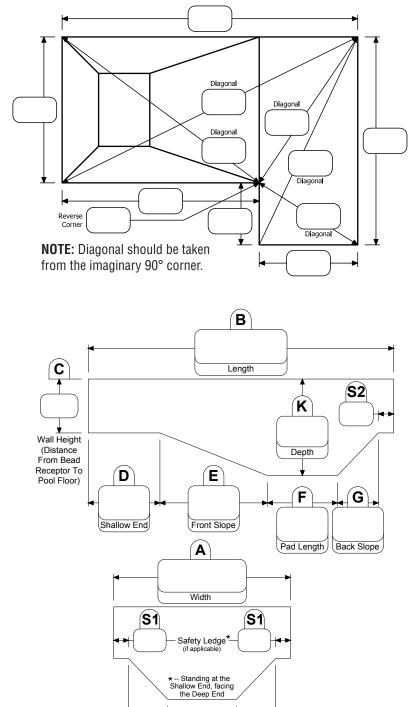
If mil is not specified, <u>Standard mil</u> will apply

□ Steel Stair (Send complete layout w/ order)

ADDRESS: _____

PHONE: _____ FAX: _____

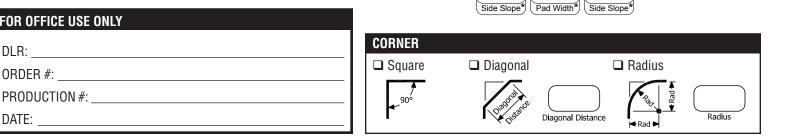
SHIP VIA: _____



Indicate wall seam location on drawing LINER ATTACHMENT TO WALL: Beaded Multibead Overlap FOR OFFICE USE ONLY

□ Plastic Stair (□ Radius □ Straight)

□ Other



J¹

Ή

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DATE:

E-MAIL:

SHIP TO

No Stair



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J²

90° EL RIGHT (518) 786-1200 • Fax (518) 786-1476 Diagonal Orders can be e-mailed to Diagonal LinerOrder@TheVinylWorks.com Diagonal **ORDER** □ NEW POOL Diagonal DATE: PO#: Reverse JOB NAME: Corner Diagona **ORDERED BY NOTE:** Diagonal should be taken from the imaginary 90° corner. COMPANY: _____ CONTACT: B ADDRESS: CITY/STATE: ZIP: PHONE: _____ FAX: _____ Length С E-MAIL: (S2) ĸ SHIP TO Wall Height NAME: (Distance Depth From Bead ADDRESS: Receptor To Ê D Pool Floor) CITY/STATE: _____ ZIP: _____ F G PHONE: FAX: Front Slope Shallow End SHIP VIA: _____ Pad Length Back Slope Ά` WALL PATTERN: Mil: Width FLOOR PATTERN: Mil: (S1) (S1) **If mil is not specified, Standard mil will apply** Safety Ledge No Stair □ Steel Stair (Send complete layout w/ order) □ Plastic Stair (□ Radius □ Straight) + -- Standing at the Shallow End, facing the Deep End **Indicate wall seam location on drawing** **J**² J1 LINER ATTACHMENT TO WALL: ΉÌ Other Beaded Multibead Overlap Side Slope* Pad Width* Side Slope* FOR OFFICE USE ONLY CORNER DLR: □ Square Diagonal Radius ORDER #: _____ PRODUCTION #: 906 Diagonal Distance Radius DATE: Rad I

The prompt production and delivery of your liner will depend on the accuracy and completeness of this request. No custom liner will be started unless all information is complete. ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works order form must be used to be eligible for Liner Guard approved reimbursement.

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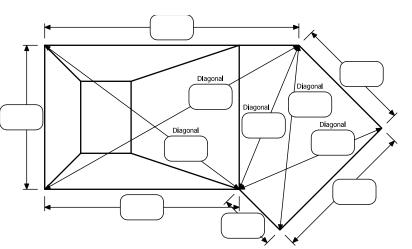


SI	GI	VI	ED	

LAZY EL LEFT

The vinvl	(518) 786-1200 • Fax	(518) 786-1476
	Orders can be e- LinerOrder@TheVin	
works	□ QUOTE □ REPLACEMENT	□ ORDER □ NEW POOL

DATE: _____ PO#: _____ JOB NAME: _____



ORDERED BY	NOTE: Diagonal should be taken
COMPANY:	from the imaginary 90° corner.
CONTACT:	_
ADDRESS:	
CITY/STATE: ZIP:	
PHONE: FAX:	Length
E-MAIL:	
SHIP TO	
NAME:	Wall Height (Distance
ADDRESS:	
CITY/STATE: ZIP:	
PHONE: FAX:	
SHIP VIA:	Shallow End Front Slope Pad Length Back Slope
	A Pad Length Back Slope
WALL PATTERN: Mil:	Width
FLOOR PATTERN: Mil:	
If mil is not specified, <u>Standard mil</u> will apply	Safety Ledge*
□ No Stair □ Steel Stair (Send complete layout w/ order) (if applicable)
□ Plastic Stair (□ Radius □ Straight)	* Standing at the Shallow End, facing
Indicate wall seam location on drawing	the Deep End
LINER ATTACHMENT TO WALL:	$\mathbf{H} = \mathbf{H} = \mathbf{H}$
FOR OFFICE USE ONLY	Side Slope* Pad Width* Side Slope*
DLR:	CORNER
ORDER #:	Square Diagonal Radius
PRODUCTION #:	
DATE:	Diagonal Distance → Radius
	nd completeness of this request. No custom liner will be started unless all information is complete. s order form must be used to be eligible for Liner Guard approved reimbursement.

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LAZY EL RIGHT	
(518) 786-1200 • Fax (518) 786-147 Orders can be e-mailed to LinerOrder@TheVinylWorks.com QUOTE ORDER REPLACEMENT ORDER NEW POO	Diagonal Diagonal Diagonal Diagonal
DATE: PO#:	
ORDERED BY	NOTE: Diagonal should be taken from the imaginary 90° corner.
COMPANY:	-
CONTACT:	B
CITY/STATE: ZIP:	
PHONE: FAX:	Length
E-MAIL:	
SHIP TO	
NAME:	- Wall Height (Distance From Bead
ADDRESS: ZIP: ZIP:	- Receptor To Pool Floor)
OTTY/STATE: ZIP: PHONE: FAX:	
SHIP VIA:	Shallow End Front Slope
	A Pad Length Back Slope
WALL PATTERN: Mil:	
FLOOR PATTERN: Mil:	
If mil is not specified, <u>Standard mil</u> will apply	Safety Ledge*
 No Stair Steel Stair (Send complete layout w/ order) Plastic Stair Radius Straight) 	
Indicate wall seam location on drawing	* Standing at the Shallow End, facing the Deep End
LINER ATTACHMENT TO WALL:	
Beaded Multibead Overlap Othe	
FOR OFFICE USE ONLY	Side Slope* Pad Width* Side Slope*
DLR:	CORNER
ORDER #:	□ Square □ Diagonal □ Radius
PRODUCTION #:	
DATE:	- Ciation Diagonal Distance
	completeness of this request. No custom liner will be started unless all information is complete. order form must be used to be eligible for Liner Guard approved reimbursement.

SIGNED:



GRECIAN

□ Square Pad Grecian Pad (shown)

DEEP END

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Depth

F

Ŵ

S2

G

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The vinyl works	(518) 786-1200 • Fax (518) 7 Orders can be e-mailed LinerOrder@TheVinyIWorks QUOTE QUOTE OR REPLACEMENT NE	to (s. com RDER EW POOL
	P0#:	Diagonal
COMPANY: CONTACT: ADDRESS: CITY/STATE: PHONE:	ZIP: FAX:	
NAME: ADDRESS: CITY/STATE: PHONE:	ZIP: FAX:	
FLOOR PATTERN: **If mil is not sp I No Stair I Ste I Plastic Stair (I Rac	Mil: Mil: Mil: Decified, <u>Standard mil</u> will apply** el Stair (Send complete layout w/ o dius 🗖 Straight) all seam location on drawing**	Pool Floor)
LINER ATTACHMENT TO Beaded Mu FOR OFFICE USE ONLY DLR: ORDER #:	WALL:	

Pad Length Back Slope **S1** ing َ لَکُ Side Slope*

The prompt production and delivery of your liner will depend on the accuracy and completeness of this request. No custom liner will be started unless all information is complete. ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works order form must be used to be eligible for Liner Guard approved reimbursement.

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Grecian Pad (shown) Square Pad **GRECIAN LAZY EL LEFT** (518) 786-1200 • Fax (518) 786-1476 Orders can be e-mailed to (\mathbf{M}) **∢**L LinerOrder@TheVinylWorks.com (4) N) (5) 8 **ORDER** (6) $\overline{\mathbf{7}}$ **REPLACEMENT** □ NEW POOL 3 (9) DATE: PO#: (10) JOB NAME: (11) **ORDERED BY** COMPANY: _____ CONTACT: 5 ADDRESS: 2 6 9 CITY/STATE: ZIP: 3 (10)M 7 PHONE: _____ FAX: _____ 8 (11)N E-MAIL: SHIP TO B NAME: ADDRESS: CITY/STATE: _____ ZIP: _____ С Length PHONE: FAX: (S2) K SHIP VIA: _____ Wall Height (Distance Depth From Bead WALL PATTERN: Mil: Receptor To Ê D Pool Floor) FLOOR PATTERN: Mil: F G **If mil is not specified, Standard mil will apply** Shallow End Front Slope No Stair □ Steel Stair (Send complete layout w/ order) Pad Length | Back Slope Ϋ́Α` □ Plastic Stair (□ Radius □ Straight) **Indicate wall seam location on drawing** Width LINER ATTACHMENT TO WALL: (S1) **S1** Beaded Multibead Overlap Other Safety Ledge (if applicable FOR OFFICE USE ONLY -- Standing at the Shallow End, facing the Deep End DLR: ORDER #: _____ (J¹ Ĥ َ J2 PRODUCTION #: DATE: Side Slope* Pad Width* Side Slope

The prompt production and delivery of your liner will depend on the accuracy and completeness of this request. No custom liner will be started unless all information is complete. ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works order form must be used to be eligible for Liner Guard approved reimbursement.

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GRECIAN LAZY EL RIGHT

(518) 786-1200 • Fax (518) 786-1476 Orders can be e-mailed to LinerOrder@TheVinylWorks.com (8) **ORDER REPLACEMENT** □ NEW POOL DATE: PO#: JOB NAME: **ORDERED BY** COMPANY: ____ CONTACT: ADDRESS: CITY/STATE: ZIP: M PHONE: _____ FAX: _____ E-MAIL: SHIP TO NAME: ADDRESS: CITY/STATE: _____ ZIP: _____ С PHONE: FAX: SHIP VIA: _____ Wall Height (Distance From Bead WALL PATTERN: Mil: Receptor To Pool Floor) FLOOR PATTERN: Mil: **If mil is not specified, Standard mil will apply**

□ Steel Stair (Send complete layout w/ order)

Overlap

Other

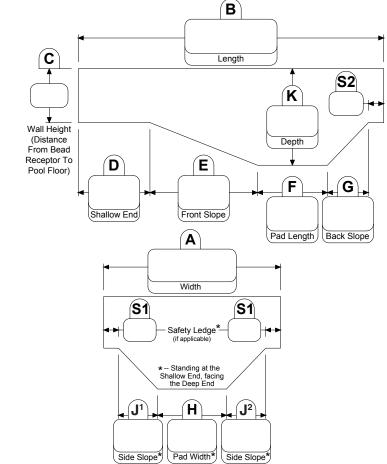
Indicate wall seam location on drawing

DLR: ______ ORDER #: _____

PRODUCTION #:

M) (4) (7) (6) (5) (9) 3 (10) (11) 8 9 5 1 2 6 (10 (11)

Grecian Pad (shown) Square Pad



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SIGNED:

DATE:

No Stair

Beaded

□ Plastic Stair (□ Radius □ Straight)

Multibead

LINER ATTACHMENT TO WALL:

FOR OFFICE USE ONLY

OCTAGON



COMPANY: _____

PHONE: _____ FAX: _____

ADDRESS: _____

□ Plastic Stair (□ Radius □ Straight)

Multibead

LINER ATTACHMENT TO WALL:

CITY/STATE: ZIP:

CITY/STATE: _____ ZIP: _____

WALL PATTERN: Mil:

If mil is not specified, <u>Standard mil</u> will apply

Indicate wall seam location on drawing

□ Steel Stair (Send complete layout w/ order)

Overlap

□ Other

FLOOR PATTERN: Mil:

PHONE: FAX:

SHIP VIA: _____

ADDRESS:

ORDERED BY

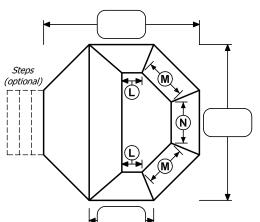
CONTACT:

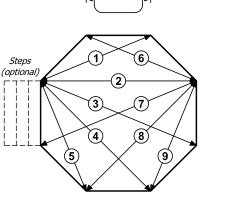
E-MAIL: SHIP TO

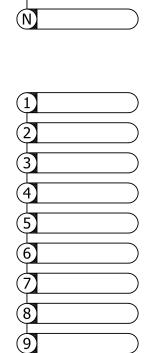
NAME:

No Stair

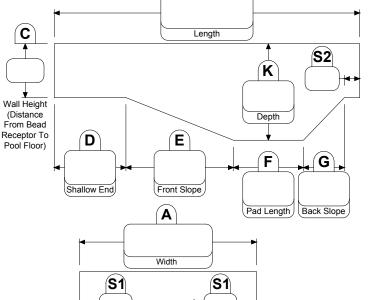
Beaded



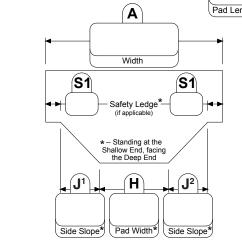








FOR OFFICE USE ONLY
DLR:
ORDER #:
PRODUCTION #:
DATE:



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DECAGON	
(518) 786-1200 • Fax (518) 786-1	Stans Stans
WORKS QUOTE ORDER	
Γ	
DATE: PO#:	
JOB NAME:	
ORDERED BY	
COMPANY:	- Steps (optional) (2 9)
ADDRESS: ZIP: ZIP:	
PHONE: FAX:	$-1 \qquad (11)$
E-MAIL:	
SHIP TO	
NAME:	Grecian Pad (shown) Square Pad B
ADDRESS:	
CITY/STATE: ZIP:	
PHONE: FAX:	$ \mathbf{K}$ $\mathbf{S2}$
SHIP VIA:	
	Wall Height (Distance From Bead
WALL PATTERN: Mil:	
FLOOR PATTERN: Mil: **If mil is not specified, <u>Standard mil</u> will apply**	
□ No Stair □ Steel Stair (Send complete layout w/ order	Shallow End Front Slope
Plastic Stair (Radius Straight)	(A) (Pad Length) (Back Slope)
Indicate wall seam location on drawing	
LINER ATTACHMENT TO WALL:	er S1 S1
FOR OFFICE USE ONLY	(if applicable)
DLR:	* - Standing at the Shallow End, facing the Deep End
ORDER #:	
PRODUCTION #:	
DATE:	Side Slope* Pad Width* Side Slope*
The prompt production and delivery of your liner will depend on the accuracy a ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Work	nd completeness of this request. No custom liner will be started unless all information is complete. s order form must be used to be eligible for Liner Guard approved reimbursement.



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JEWEL	
(518) 786-1200 • Fax (518) 786-147 Orders can be e-mailed to LinerOrder@TheVinyIWorks.com QUOTE ORDER REPLACEMENT ORDER	
DATE: PO#: JOB NAME:	
ORDERED BY	
COMPANY:	SHALLOW END DEEP END V V W M X X
SHIP TO	
NAME:	
WALL PATTERN: Mil: FLOOR PATTERN: Mil: **If mil is not specified, <u>Standard mil</u> will apply** No Stair	Wall Height (Distance From Bead Receptor To Pool Floor) D E Front Slope A Width Width
Beaded D Multibead D Overlap D Other	S1 S1
	Safety Ledge*
FOR OFFICE USE ONLY DLR:	
	order form must be used to be eligible for Liner Guard approved reimbursement.



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OVAL

The	(518) 786-1200 • F Orders can be LinerOrder@The	e-mailed to
		□ ORDER □ NEW POOL
DATE:	PO#:	
JOB NAME:		
ORDERED BY		
COMPANY:		
ADDRESS:		
CITY/STATE:	ZIF	D:
PHONE:	FAX:	
E-MAIL:		
SHIP TO		
NAME:		
ADDRESS:		

CITY/STATE: _____ ZIP: _____

PHONE: ______ FAX: _____

WALL PATTERN: ______ Mil: _____

FLOOR PATTERN: Mil:

If mil is not specified, <u>Standard mil</u> will apply

Indicate wall seam location on drawing

DLR: ______ ORDER #: _____

PRODUCTION #:

□ Steel Stair (Send complete layout w/ order)

Overlap

□ Other

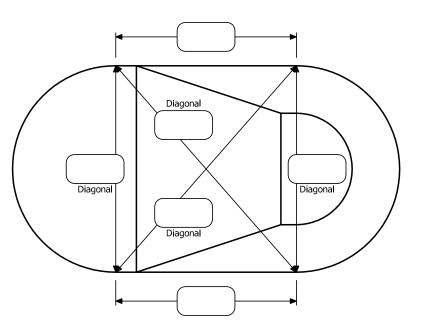
SHIP VIA: _____

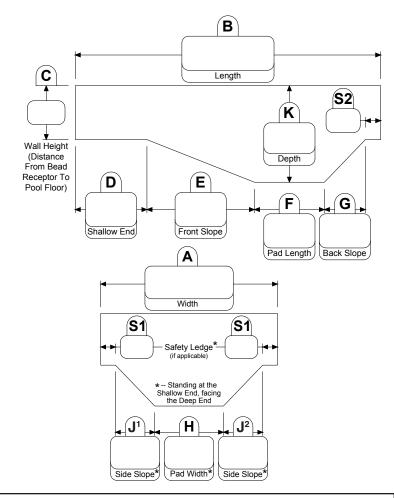
□ Plastic Stair (□ Radius □ Straight)

Multibead

LINER ATTACHMENT TO WALL:

FOR OFFICE USE ONLY





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SIGNED:

DATE:

No Stair

Beaded

	SHALLOW END DEEP END
MODIFIED OVAL	
	V Rad A
(518) 786-1200 • Fax (518) 786-1476	(W) (Rad B) (W)
LinerOrder@TheVinyIWorks.com	
DATE: PO#:	
ORDERED BY	
COMPANY:	
CONTACT:	Diagonal B
ADDRESS:	
CITY/STATE: ZIP:	
PHONE: FAX:	
E-MAIL:	Oval Pad Square Pad
SHIP TO	
NAME:	B
ADDRESS:	◀───────────────────────────────
CITY/STATE: ZIP:	C
PHONE: FAX:	
SHIP VIA:	
	Wall Height (Distance
WALL PATTERN: Mil:	From Bead
FLOOR PATTERN: Mil:	Receptor To Pool Floor)
If mil is not specified, <u>Standard mil</u> will apply	
□ No Stair □ Steel Stair (Send complete layout w/ order)	Shallow End Front Slope
□ Plastic Stair (□ Radius □ Straight)	(A) (Pad Length) (Back Slope)
Indicate wall seam location on drawing	
LINER ATTACHMENT TO WALL:	Width
□ Beaded □ Multibead □ Overlap □ Other	
	Safety Ledge*
FOR OFFICE USE ONLY	*- Standing at the
DLR:	Shallow End, facing the Deep End
ORDER #:	
PRODUCTION #:	
DATE:	Side Slope* Pad Width* Side Slope*
ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works ord	mpleteness of this request. No custom liner will be started unless all information is complete. er form must be used to be eligible for Liner Guard approved reimbursement.



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LinerOrder@TheV	inylWorks.com
S 🗆 QUOTE 🗆 REPLACEMENT	□ ORDER □ NEW POOL
P0#:	
ZIP:	:
FAX:	
	Mil:
	S COUDTE REPLACEMENT

No Stair

Beaded

DLR:

SIGNED:

ORDER #:

PRODUCTION #:

□ Plastic Stair (□ Radius □ Straight)

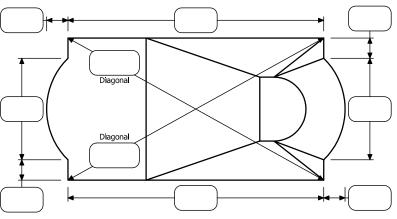
Multibead

LINER ATTACHMENT TO WALL:

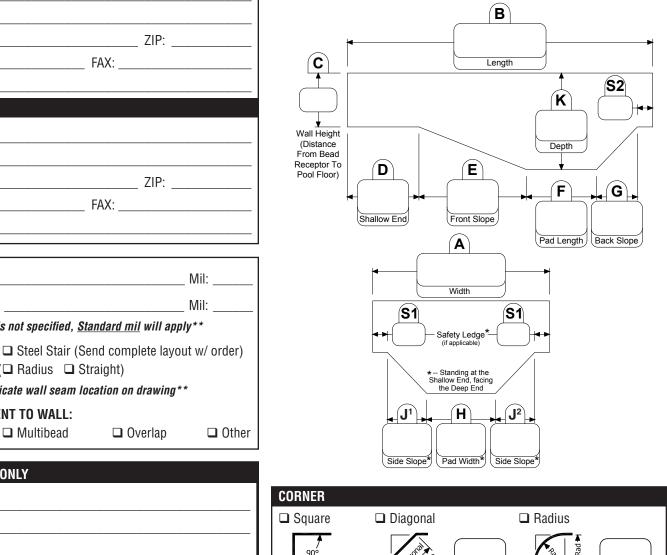
FOR OFFICE USE ONLY

Indicate wall seam location on drawing

Overlap



NOTE: Diagonal should be taken from the imaginary 90° corner.



Diagonal Distance

DATE: 🗲 Rad 🕈 The prompt production and delivery of your liner will depend on the accuracy and completeness of this request. No custom liner will be started unless all information is complete. ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works order form must be used to be eligible for Liner Guard approved reimbursement.

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Radius

ROMAN END LAZY EL LEFT State (518) 786-1200 • Fax (518) 786-1476 Orders can be e-mailed to LinerOrder@TheVinyIWorks.com • QUOTE • REPLACEMENT	Diagonal Dia
DATE: PO#:	
JOB NAME:	NOTE: Diagonal should be taken from the imaginary 90° corner.
ADDRESS:	B
CITY/STATE: ZIP:	
PHONE: FAX: E-MAIL:	
SHIP TO	
NAME:	Wall Height (Distance From Bead Receptor To Pool Floor) D E Front Slope A Length Back Slope
WALL PATTERN: Mil:	
FLOOR PATTERN: Mil:	S1 S1
 If mil is not specified, <u>Standard mil</u> will apply No Stair Steel Stair (Send complete layout w/ order) Plastic Stair (Radius Straight)	Safety Ledge*
FOR OFFICE USE ONLY	Side Slope* Pad Width* Side Slope*
DLR:	
ORDER #:	□ Square □ Diagonal □ Radius
PRODUCTION #: DATE:	90° Diagonal Distance
ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works ord	mpleteness of this request. No custom liner will be started unless all information is complete. er form must be used to be eligible for Liner Guard approved reimbursement.

SI	G٨	IF	D
UI	un		υ



ROMAN END LAZY EL RIGHT State State	Diagonal Dia
DATE: PO#:	
JOB NAME:	
ORDERED BY	NOTE: Diagonal should be taken from the imaginary 90° corner.
COMPANY:	
	B
ADDRESS: CITY/STATE: ZIP:	
PHONE: FAX:	C Length
E-MAIL:	
SHIP TO	
NAME:	Wall Height (Distance
ADDRESS:	From Bead Receptor To
CITY/STATE: ZIP:	
PHONE: FAX:	Shallow End Front Slope
SHIP VIA:	A Pad Length Back Slope
WALL PATTERN: Mil:	Width
FLOOR PATTERN: Mil: **If mil is not specified, <u>Standard mil</u> will apply**	
□ No Stair □ Steel Stair (Send complete layout w/ order)	Safety Ledge*
□ Plastic Stair (□ Radius □ Straight)	*- Standing at the Shallow End, facing
Indicate wall seam location on drawing	the Deep End
LINER ATTACHMENT TO WALL: Beaded Multibead Overlap Other	
a beaued a multibeau a overlap a other	
FOR OFFICE USE ONLY	Side Slope* Pad Width* Side Slope*
DLR:	CORNER
ORDER #:	□ Square □ Diagonal □ Radius
PRODUCTION #:	
DATE:	Radius Radius
ONLY COMPLETE AND LEGIBLE ORDERS WILL BE PROCESSED! A Vinyl Works orde	mpleteness of this request. No custom liner will be started unless all information is complete. er form must be used to be eligible for Liner Guard approved reimbursement.



KEYHOLE LEFT

The	(518) 786-1200 • Fa	ax (518) 786-1476		
vinyl works	Orders can be e-mailed to LinerOrder@TheVinylWorks.com			
	□ QUOTE □ Replacement	□ ORDER □ NEW POOL		
DATE:	PO#:			

JOB NAME: _____

4		
A Width	Diagonal Diagonal Diagonal	A1 Width

ORDERED BY	NOTE: Diagonal should be taken
COMPANY:	from the imaginary 90° corner.
CONTACT:	
ADDRESS:	B
CITY/STATE: ZIP:	
PHONE: FAX:	C
E-MAIL:	
SHIP TO	
NAME:	Wall Height
ADDRESS:	(Distance From Bead Receptor To
CITY/STATE: ZIP:	Pool Floor)
PHONE: FAX:	
SHIP VIA:	Shallow End Front Slope
	A Pad Length Back Slope
WALL PATTERN: Mil:	┝━━━━┥
FLOOR PATTERN: Mil:	Width
If mil is not specified, <u>Standard mil</u> will apply	
□ No Stair □ Steel Stair (Send complete layout w/ order)	Safety Ledge*
\Box Plastic Stair (\Box Radius \Box Straight)	* Standing at the
Indicate wall seam location on drawing	Shallow End, facing the Deep End
LINER ATTACHMENT TO WALL:	\mathbf{H} \mathbf{H} \mathbf{H}
Beaded Multibead Overlap Other	
	Side Slope* Pad Width* Side Slope*
FOR OFFICE USE ONLY	
DLR:	CORNER
ORDER #:	□ Square □ Diagonal □ Radius
PRODUCTION #:	
DATE:	Radius Radius
The prompt production and delivery of your liner will depend on the accuracy and con	npleteness of this request. No custom liner will be started unless all information is complete.
i me prempi predation and dentery of year miler will depend on the defundey and for	inprotonoso or the request. He sustain mer will be started unless an mornation is complete.

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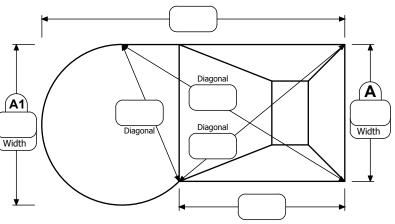
I hereby authorize Vinyl Works, Inc. to produce, as a special order, a vinyl liner for an inground pool in accordance with the design provided and acknowledge that Vinyl Works, Inc. has not participated in either the design or specifications of this liner and accept full responsibility for the same. I further agree not to hold Vinyl Works, Inc. liable. I will pay in full for any and all claims and expenses that may arise out of the design or use of said special liner.



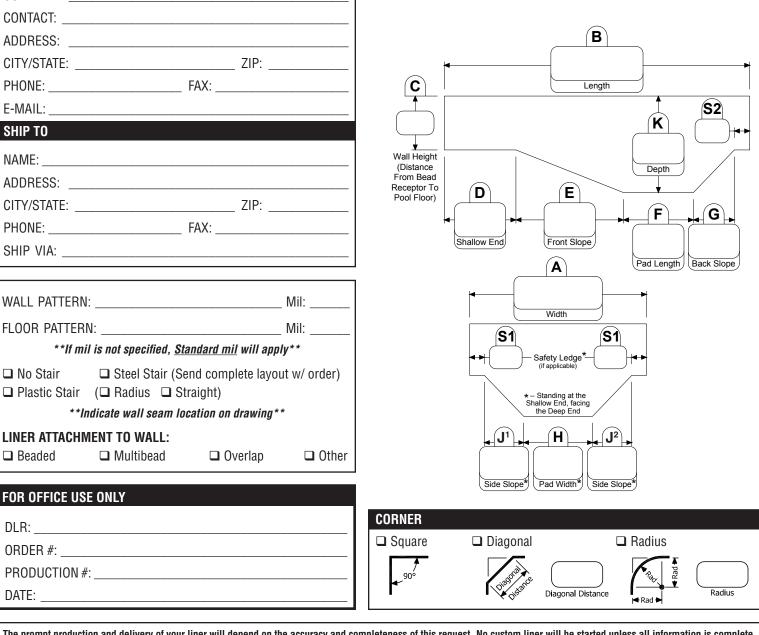
KEYHOLE RIGHT



	REPLACEMENT	
DATE:	PO#:	
JOB NAME:		
ORDERED BY		NOTE: Diagonal
COMPANY:		 from the imagina
ADDRESS:		
CITY/STATE:	ZIP:	
PHONE:	FAX:	 C
E-MAIL:		
SHIP TO		
NAME:		Wall Height



should be taken ary 90° corner.



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DATE:

PHONE:

□ No Stair

Beaded

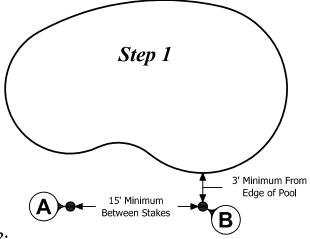


LINER ORDER FORM • FREEFORM MEASUREMENT



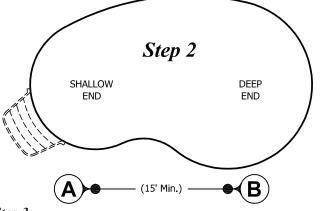
<u>Step 1:</u>

Establish two stakes that are a minimum of 15' apart and at least 3' form the pool edge. Label one of the stakes "A" and the other "B". These stakes will be used as reference points and should be left at the pool sight for a few days because you may need to go back and re-check measurements. (Be sure to pound stakes to ground level before leaving the yard.)



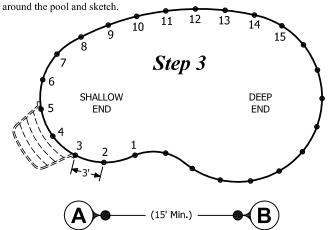
Step 2:

Make a sketch of the pool you are measuring. Label the shallow and deep ends, and note the location of any stairs, swimouts, or cuddle coves on the sketch.



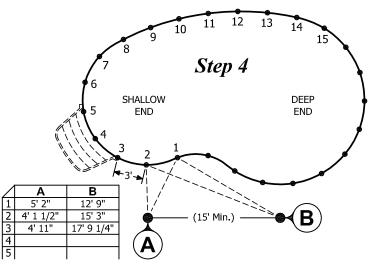
<u>Step 3:</u>

Mark the coping with reference points every 3' around the pool perimeter. Pull the tape straight between the points. Do not lay the tape into the radius. The last point may not be at a 3' interval. Record that measurement on the drawing. Label each mark with a number and locate these on the sketch. The first mark will be point #1, the second point will be #2, and so on working your way



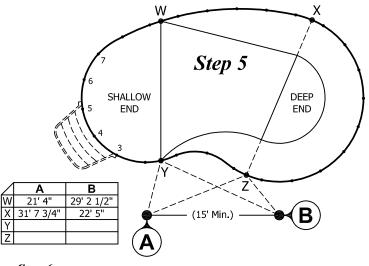
<u>Step 4:</u>

Measurements are needed from each stake to each point on the coping. Start with stake "A" and measure to point #1, record the measurement and proceed to point #2. Record all measurements around the entire pool. Repeat the process from stake "B". Record all these measurements in a column format.



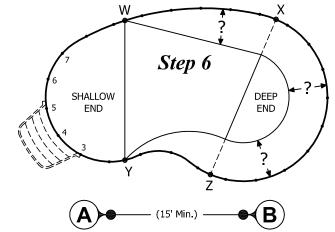
<u>Step 5:</u>

Using the same methods, mark the breakover, and bottom pad points on the coping and label them W, X, Y and Z as shown. Record the measurements from stake "A" and "B". Do this for any stairs, swimouts or cuddle coves as well.



<u>Step 6:</u>

Included on the sketch should be the measurements for the side grades of the hopper and bottom pad width and length.



vinž	LinerOrde	can be e-m r@TheVinyl	Works.com
work	S 🗆 QUOTE 🗆 Replacen	IENT	⊐ ORDER ⊐ NEW POOL
DATE:			
IOB NAME:			
ORDERED BY			
COMPANY:			
CONTACT:			
ADDRESS:			
CITY/STATE:			
HONE: -MAIL:	FAA		
SHIP TO			
IAME: \DDRESS:			
CITY/STATE:			
PHONE:			
SHIP VIA:			
VALL PATTERN:			Mil:
LOOR PATTERN:			Mil:
If mil is not	specified, <u>Standard</u>	<u>mil</u> will app	ly
□ No Stair □ S □ Plastic Stair (□ R	teel Stair (Send co adius 🛛 Straight		ıt w/ order)
**Indicate	wall seam location	on drawing*	*
INER ATTACHMENT T	• • • • • • • • • • • • • • • • • • • •	_	
🗅 Beaded 🛛 🖵 N	lultibead 🗆	l Overlap	🗅 Other

PRODUCTION #: _____

	Shallo	w End Depth	9 10 11 12 9	:	13 14 15	
' 6	Deep	Dend Depth				
L			istance etween Points	(N	Perimeter Aeasurement	
-		2	I Y		Z	
	, A	····			Α	В
				-+		
•	A)← Distance Between A		-+		
-			Y	-+		
		E: Use Stair Layout 1 for Step Dimensic			BREAKPOIN	ITC
•	TUTT				BREAKPUIN	19
		А			В	
	1	26	1		26	
-	2	27	2	2	27	
	3	28	3	- 1	28	
	4	29	4	-	29	
	5	30	5	- t	30	
	6 7	31 32	6	-	31	
-	8	33	8	÷	33	
٦	9	34	9	-t	34	
-	10	35	11	-	35	
-	11	36	1.	-	36	
	12	37	12	2	37	
	13	38	1:		38	
	14	39	14	-	39	
	15	40	1	-	40	
	16	41	10	-	41	
	17	42	17	- 1	42	
	18 19	43	18		43	
	20	44	21	-	44	
	21	46	2	-	46	
	22	47	22	- î	47	
	23	48	23	- 1	48	
	24	49	24		49	
	25	50	25	5	50	

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Vinyl Works, Inc. • 33 Wade Road • Latham, NY 12110 VINYL WORKS LINERS ARE FOR RESIDENTIAL USE ONLY. 2/19

SIGNED:

ORDER #:

DATE:



(518) 786-1200 • Fax (518) 786-1476

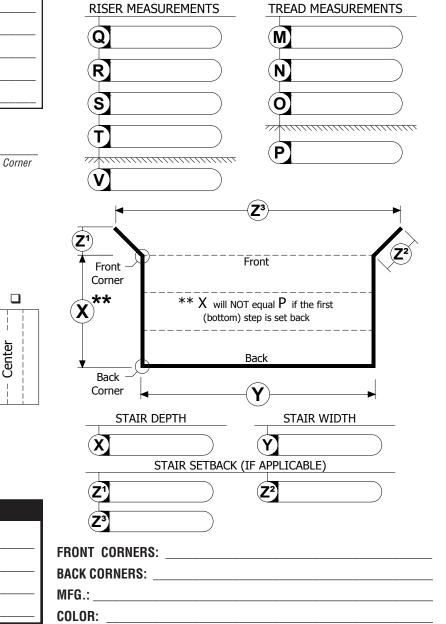
Orders can be e-mailed to LinerOrder@TheVinylWorks.com

STAIR LAYOUT LINER FORM

		PO#:			▲ _ _
JOB NAME: ORDERED BY				S S	-
					★ I
				Coping Attachment: when side mount (vertic	. Side Mount <i>cal) extrusion is</i>
		ZIP:		RISER MEAS	UREMENTS
PHONE:		FAX:		Q	
E-MAIL:					
Special Instruction	ons:			(R)	
				S	
ATTACHMENT:	Beaded	Rod Loops	None		
SIZE:	YEAR:	OFFSET:	*From Corner		
Straight	Radius	Thermoplastic	FIUIT CUTTER	V	
STAIR POSITION (Check box bel	ow):			
Right (4 Corne		Right - (3 Corner)			
`				Front —	
	*Offset			×**	** X will
Notor	Ctair pocit	ion is always			(botto
		ion is always shallow end,	Iter		
	-	e deep end	Center	Back	
		·		Corner	
	*Offset			STAIR D	EPTH
		Left -		×	
Loft					STAIR SETBAC
Left (4 Corne		(3 Corner)			
(4 Corne	er)				
FOR OFFICE USE	er) ONLY)	Z' Z ³	
FOR OFFICE USE	er) ONLY	(3 Corner))	Z Z FRONT CORNERS:	
FOR OFFICE USE DLR: ORDER #:	er) ONLY	(3 Corner))	Z' Z ³	

Ρ Μ Risers Treads Q * - Risers should add up to the Wall Height

Lt is necessary to notify The Vinyl Works used. If not checked, Top Mount will be used.



Il be started unless all information is complete. uard approved reimbursement.

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