

RECTANGLE

**The
vinyl
works**

(518) 786-1200 • Fax (518) 786-1476

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

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

FOR OFFICE USE ONLY

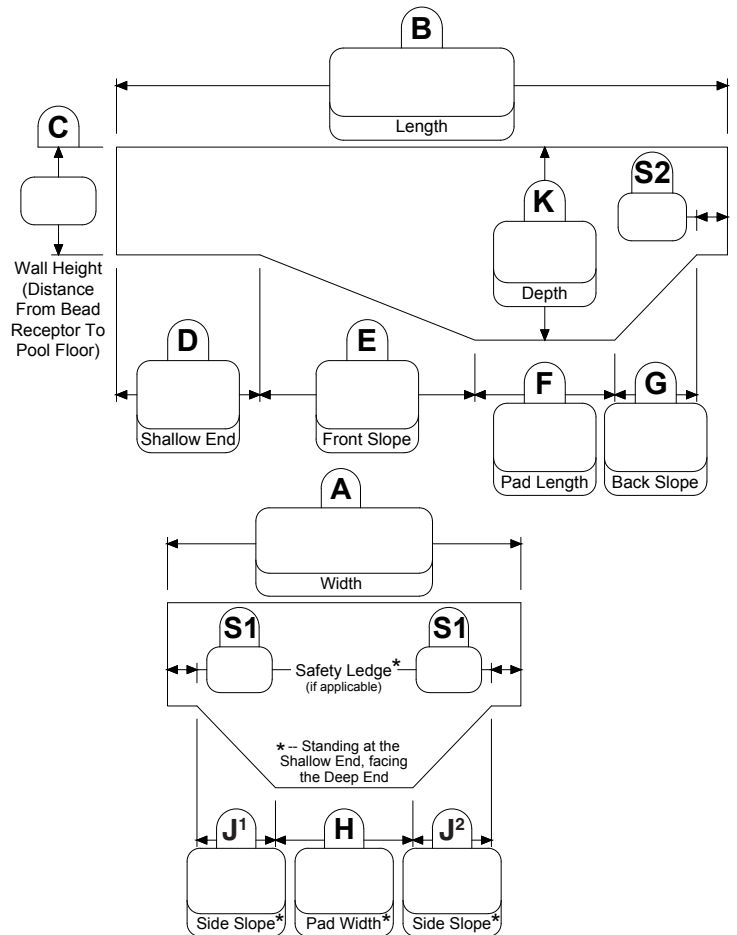
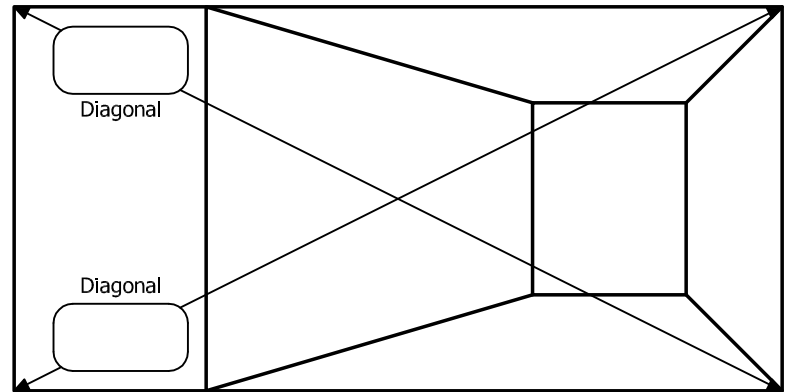
DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____

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

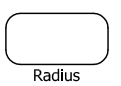
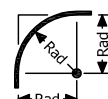


CORNER

☐ Square

☐ Diagonal

☐ Radius



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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.

SIGNED: _____



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

90° EL LEFT

The vinyl works

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PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

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****Indicate wall seam location on drawing****

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☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

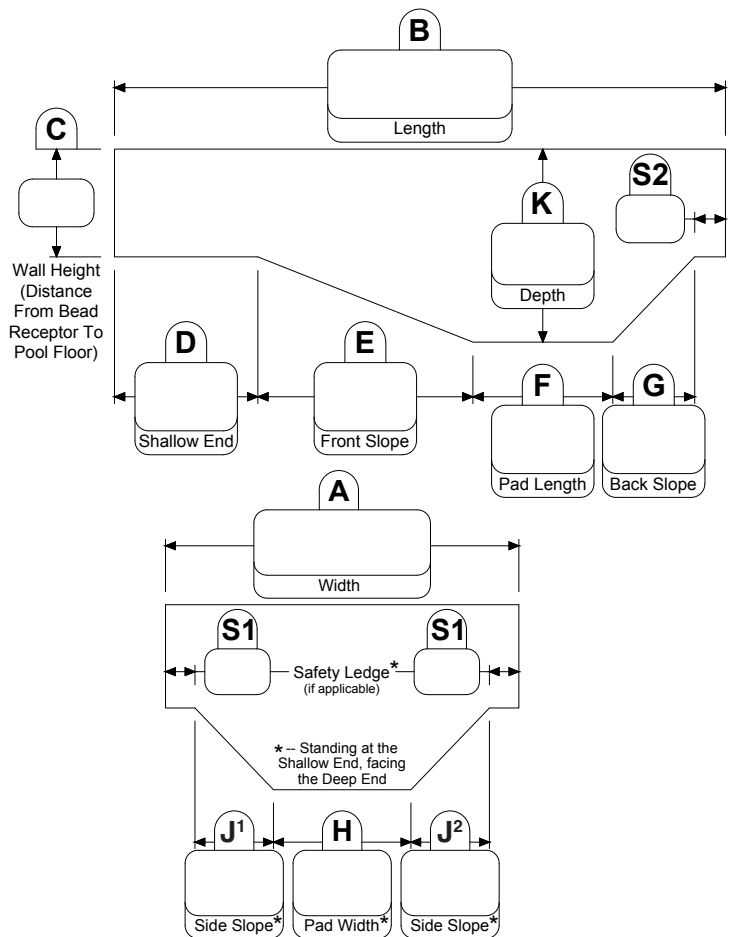
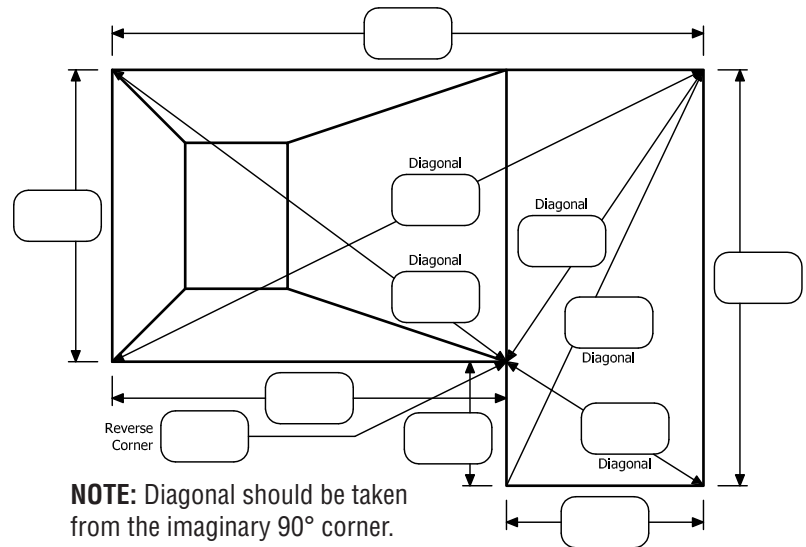
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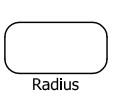
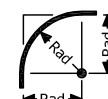
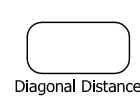


CORNER

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☐ Diagonal

☐ Radius



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90° EL RIGHT

The vinyl works

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CONTACT: _____

ADDRESS: _____

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PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

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****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

- ☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

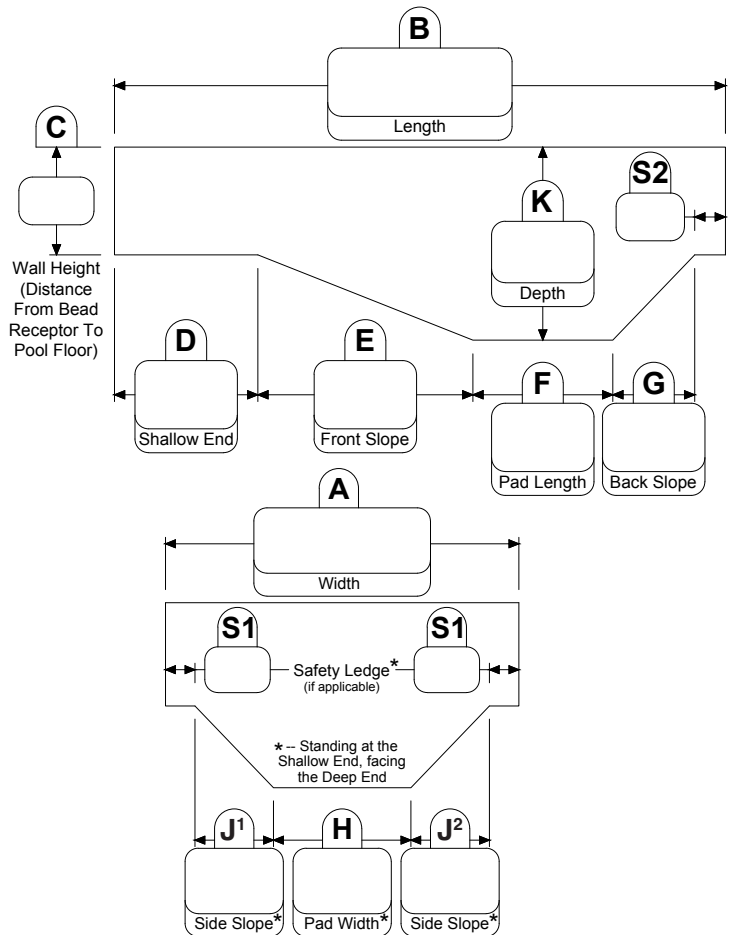
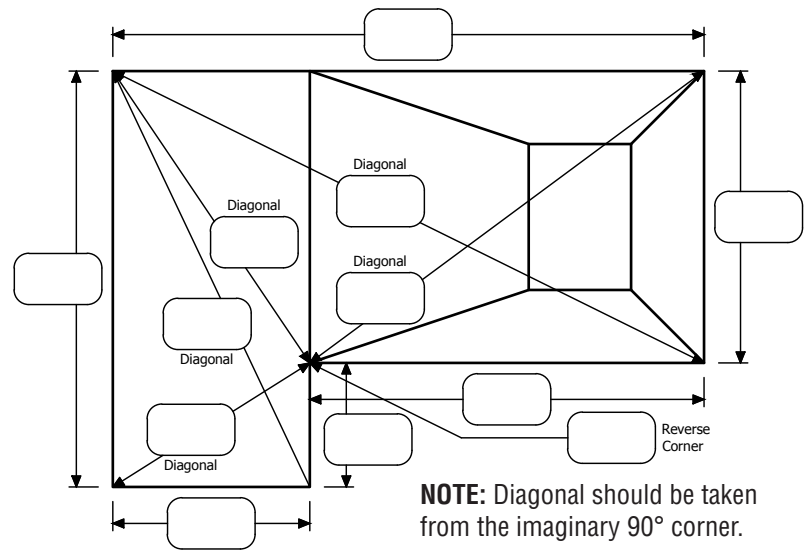
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

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CORNER

- ☐ Square ☐ Diagonal ☐ Radius
- 90°
- Diagonal Distance
- Radius

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LAZY EL LEFT

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ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

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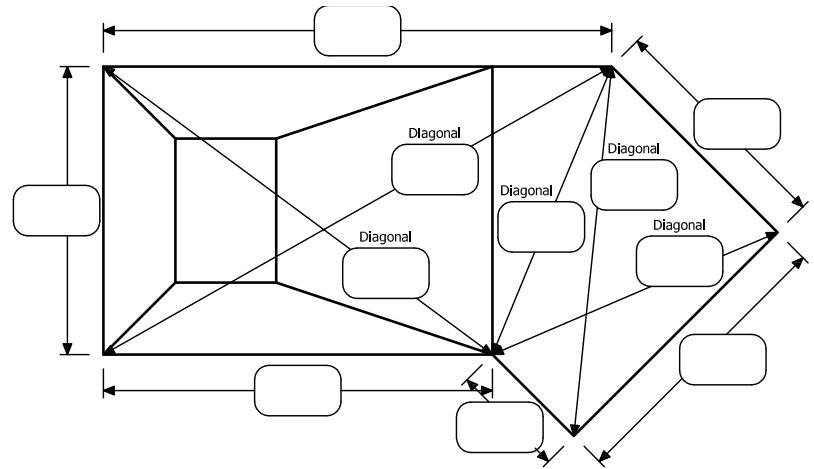
FOR OFFICE USE ONLY

DLR: _____

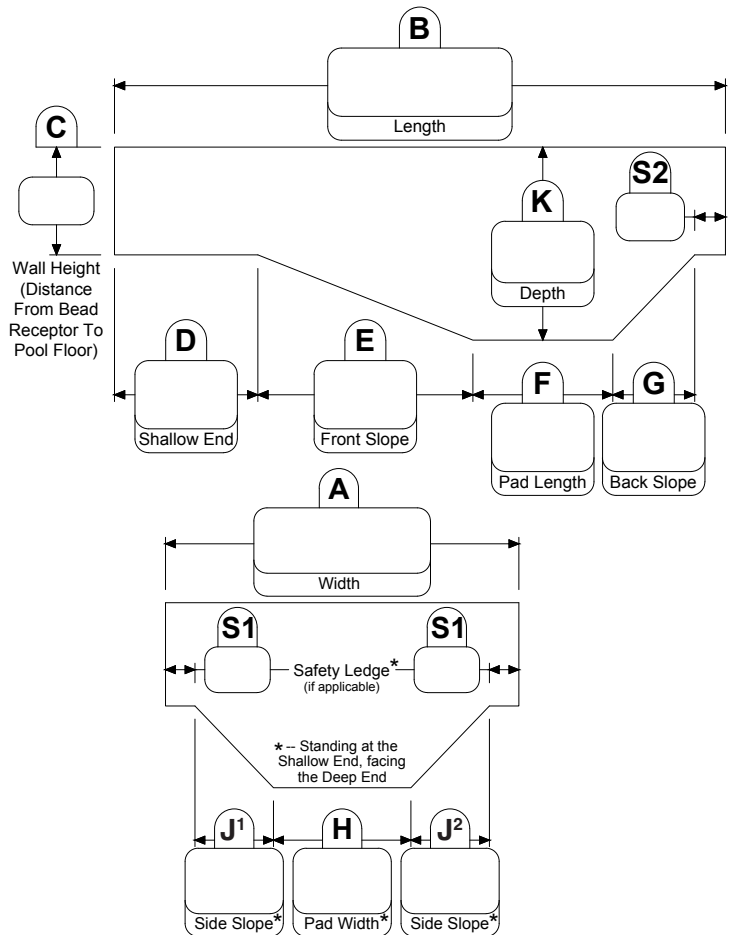
ORDER #: _____

PRODUCTION #: _____

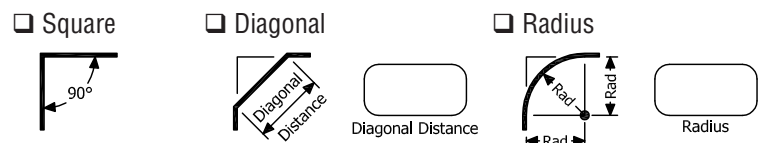
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CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

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****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

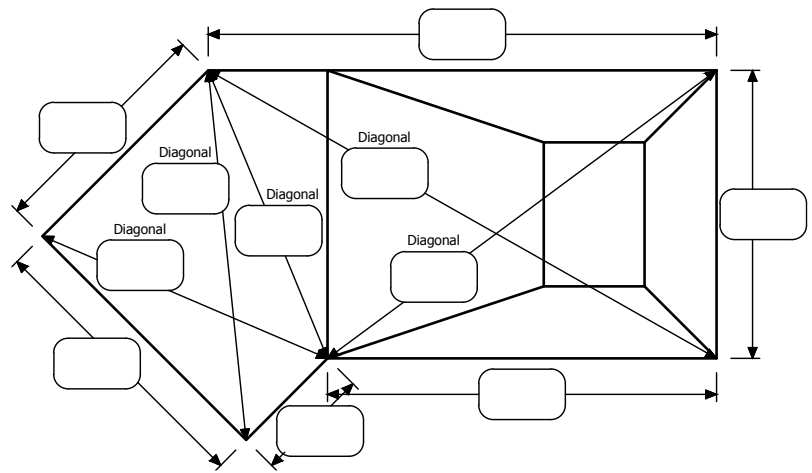
FOR OFFICE USE ONLY

DLR: _____

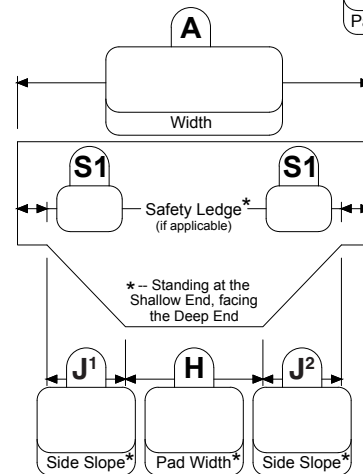
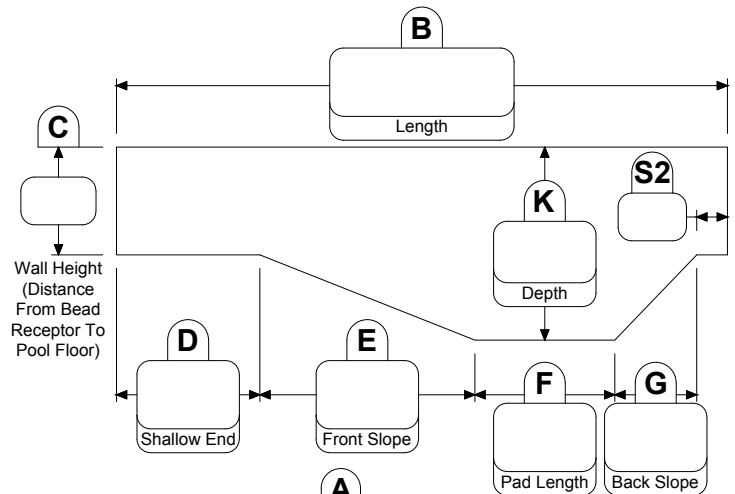
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PRODUCTION #: _____

DATE: _____



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

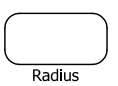


CORNER

☐ Square

☐ Diagonal

☐ Radius



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GRECIAN

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DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

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****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

FOR OFFICE USE ONLY

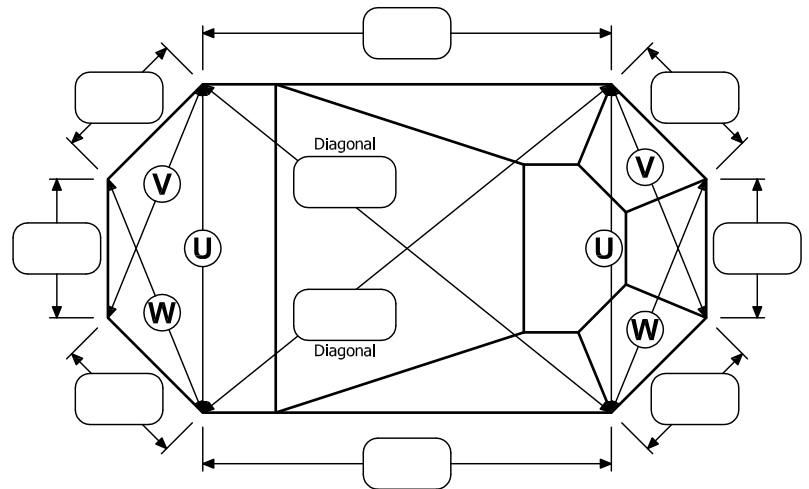
DLR: _____

ORDER #: _____

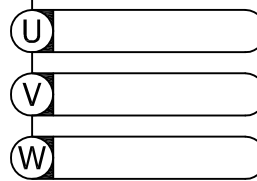
PRODUCTION #: _____

DATE: _____

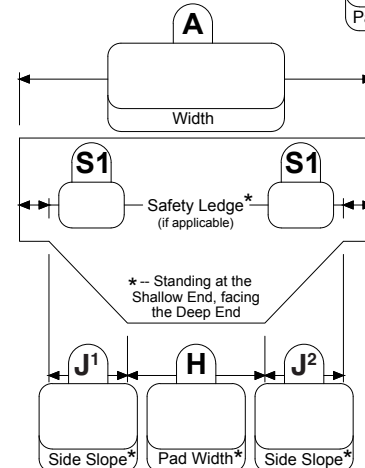
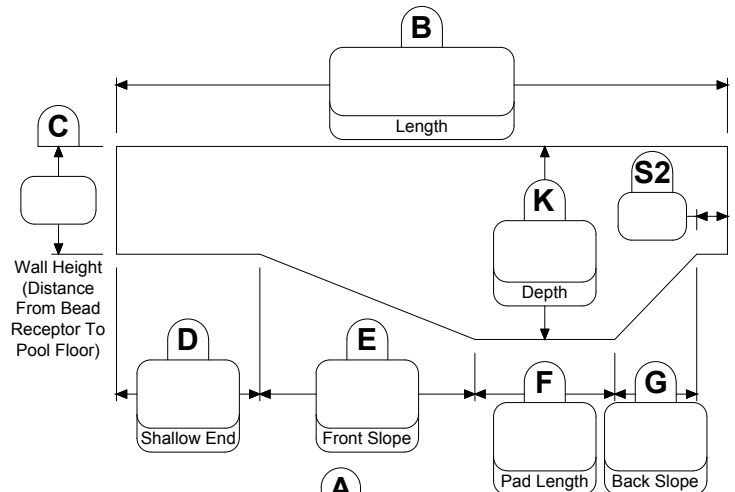
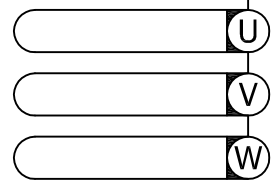
☐ Grecian Pad (shown) ☐ Square Pad



SHALLOW END



DEEP END



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GRECIAN LAZY EL LEFT

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COMPANY: _____

CONTACT: _____

ADDRESS: _____

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SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

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☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
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****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

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FOR OFFICE USE ONLY

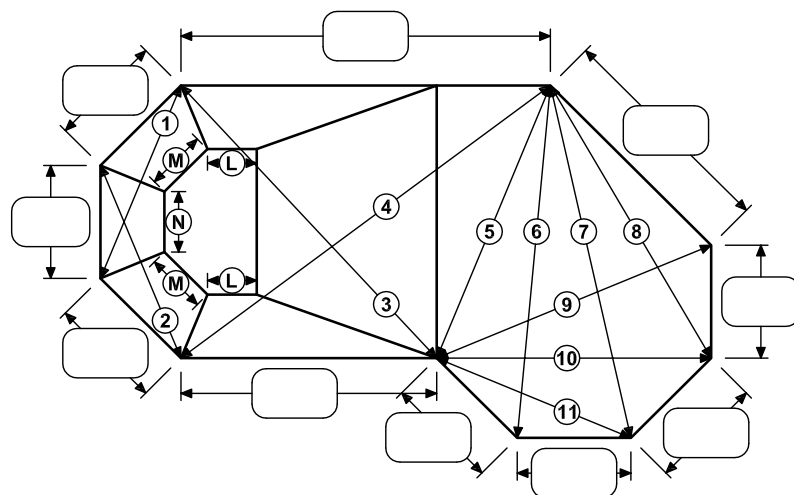
DLR: _____

ORDER #: _____

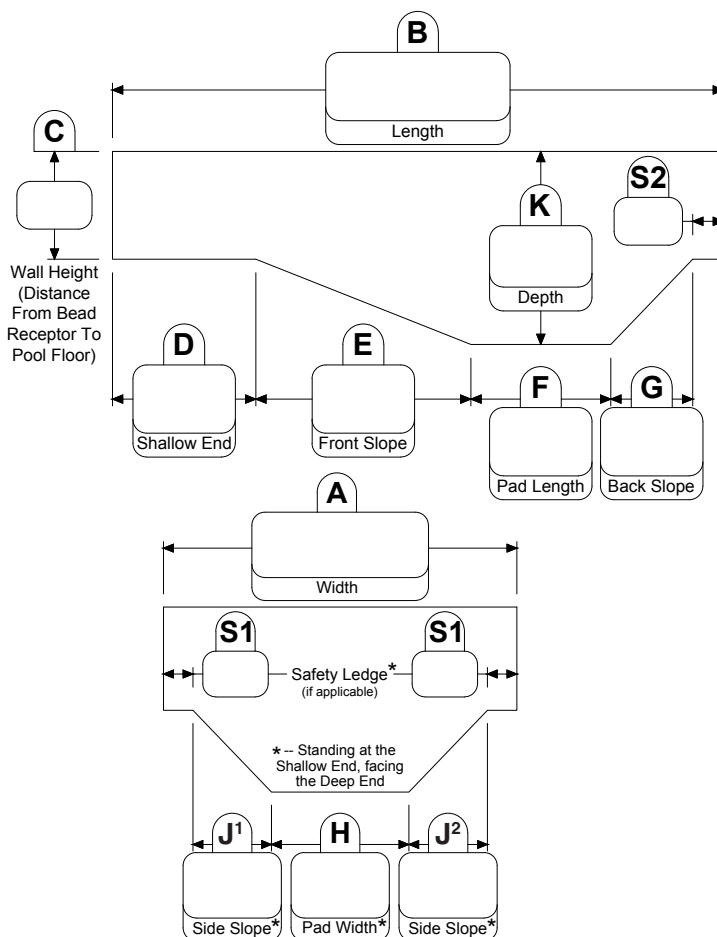
PRODUCTION #: _____

DATE: _____

☐ Grecian Pad (shown) ☐ Square Pad



1	5		
2	6	9	L
3	7	10	M
4	8	11	N



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GRECIAN LAZY EL RIGHT

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PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

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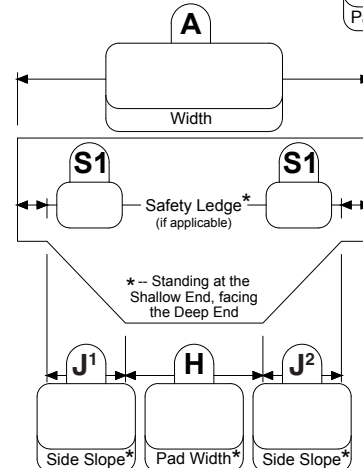
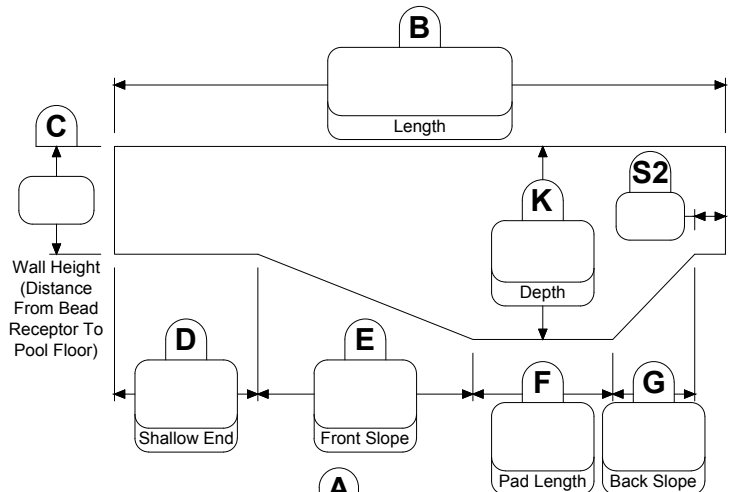
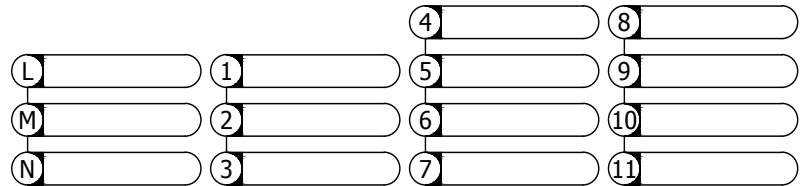
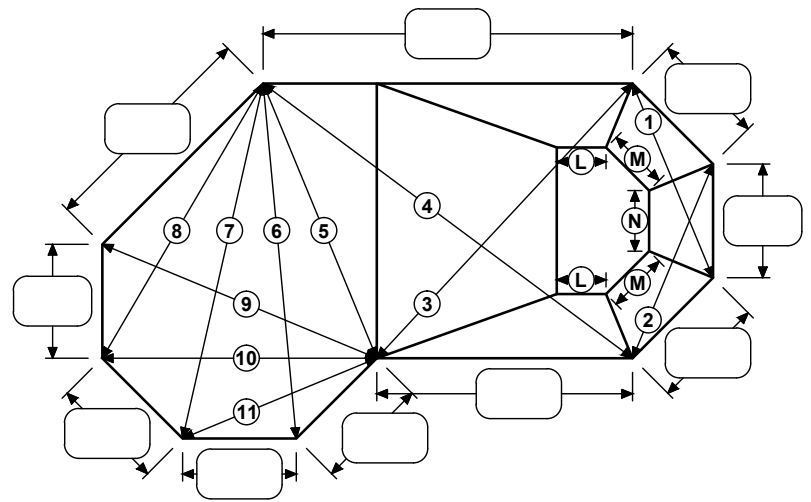
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OCTAGON

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WALL PATTERN: _____ Mil: _____

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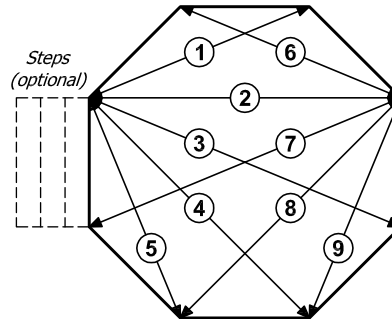
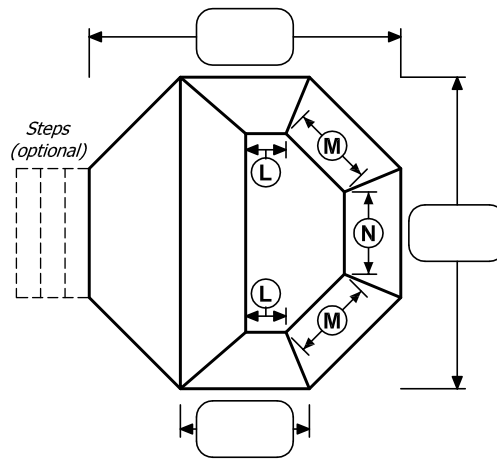
FOR OFFICE USE ONLY

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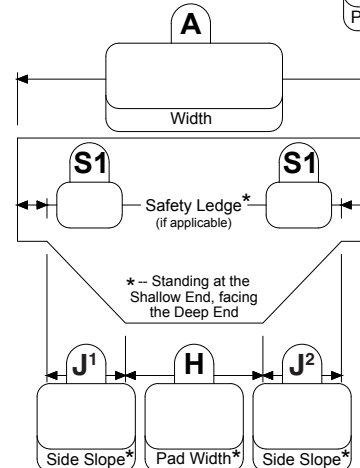
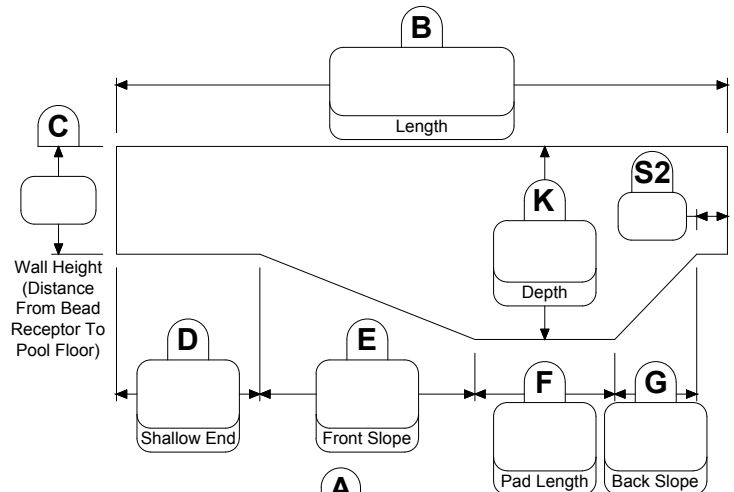
PRODUCTION #: _____

DATE: _____



L _____
M _____
N _____

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____



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CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

- ☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

- ☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

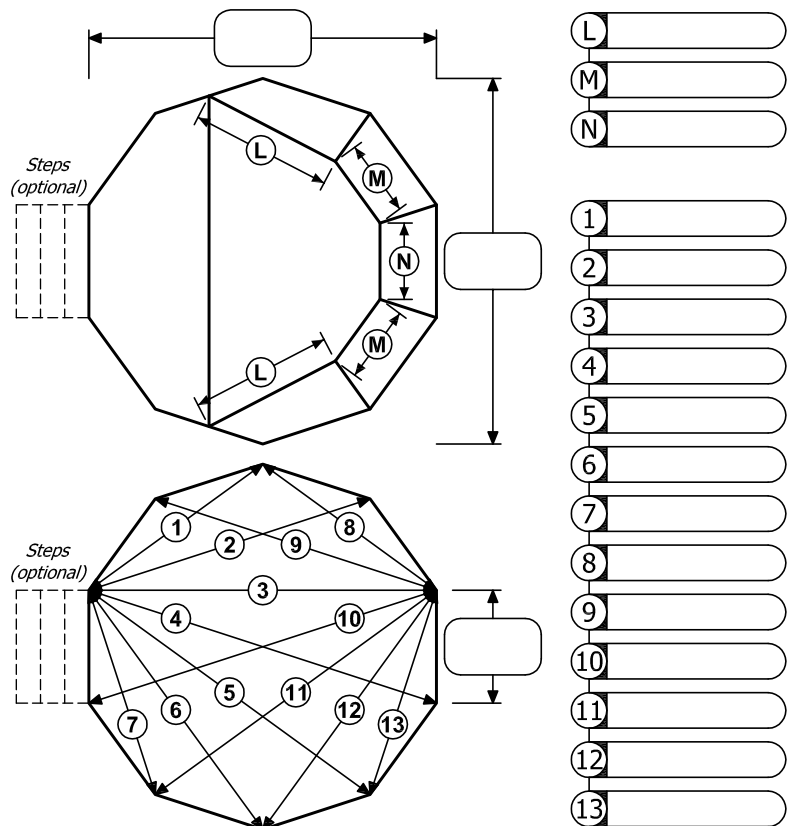
FOR OFFICE USE ONLY

DLR: _____

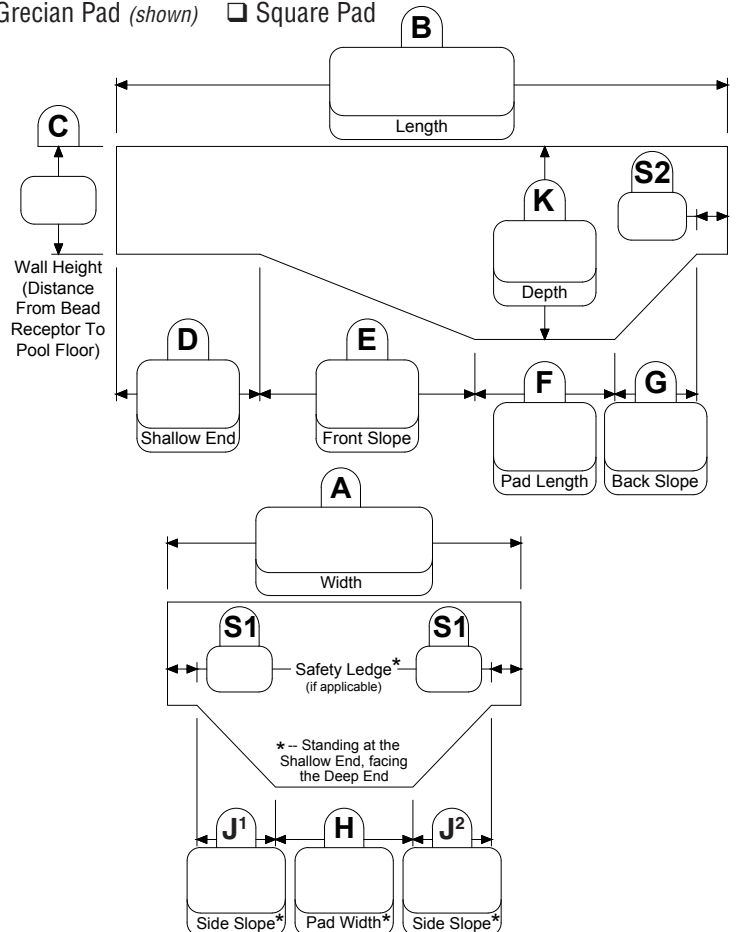
ORDER #: _____

PRODUCTION #: _____

DATE: _____



- ☐ Grecian Pad (shown) ☐ Square Pad



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.

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.

SIGNED: _____



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

JEWEL

The vinyl works

(518) 786-1200 • Fax (518) 786-1476

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

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

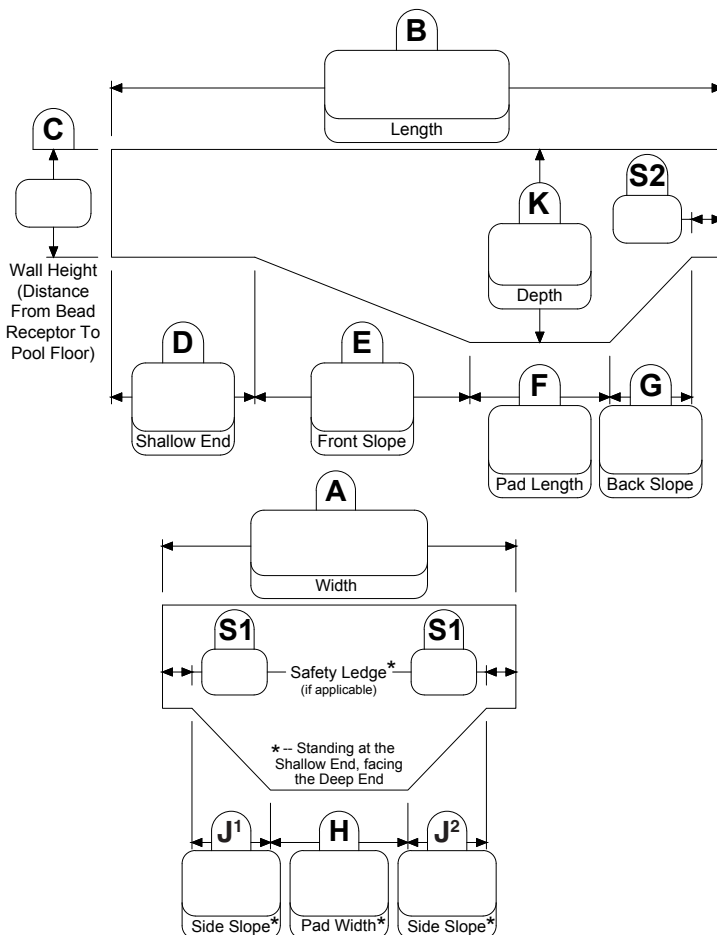
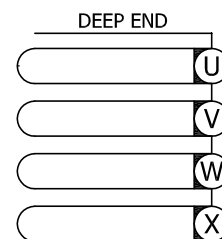
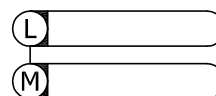
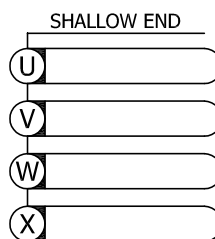
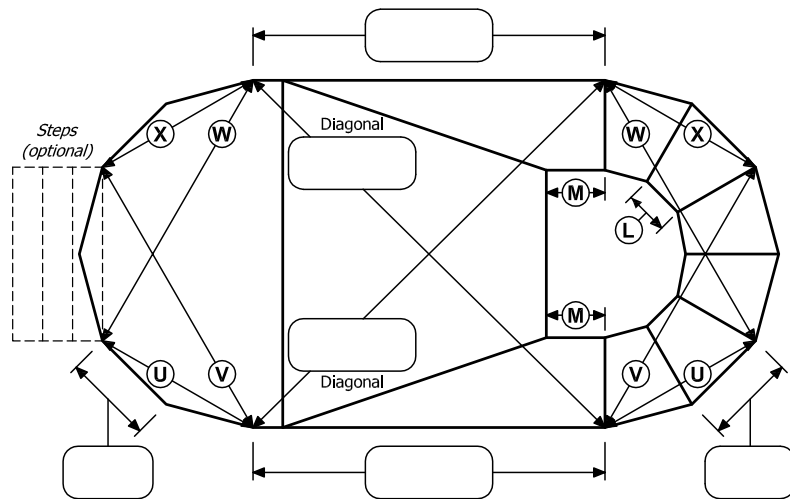
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____



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SIGNED: _____



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

OVAL

The Vinyl Works

(518) 786-1200 • Fax (518) 786-1476

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

- ☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

- ☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

- ☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

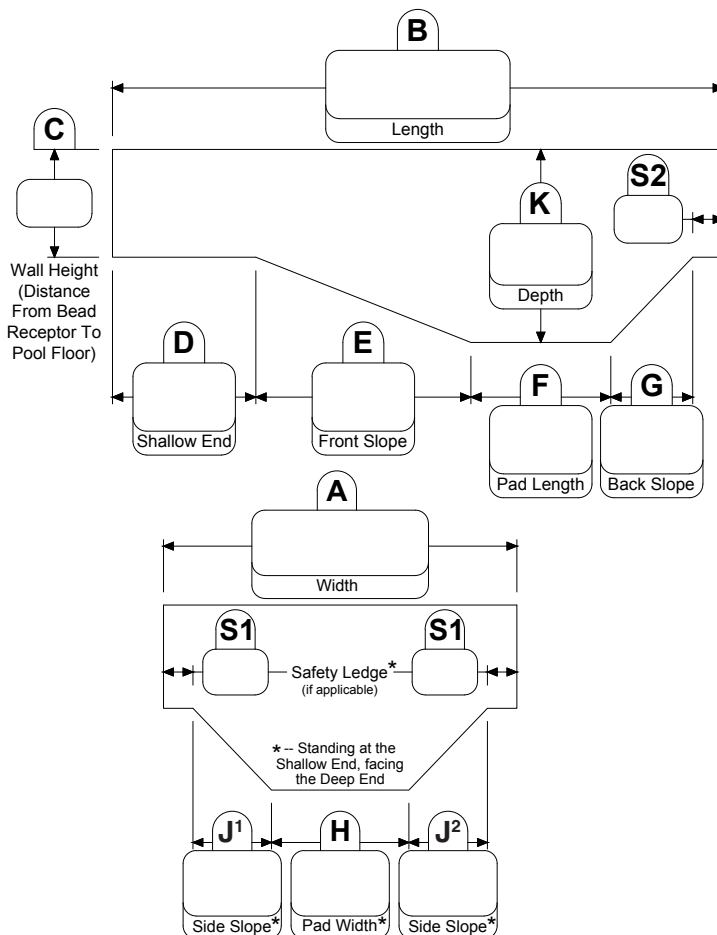
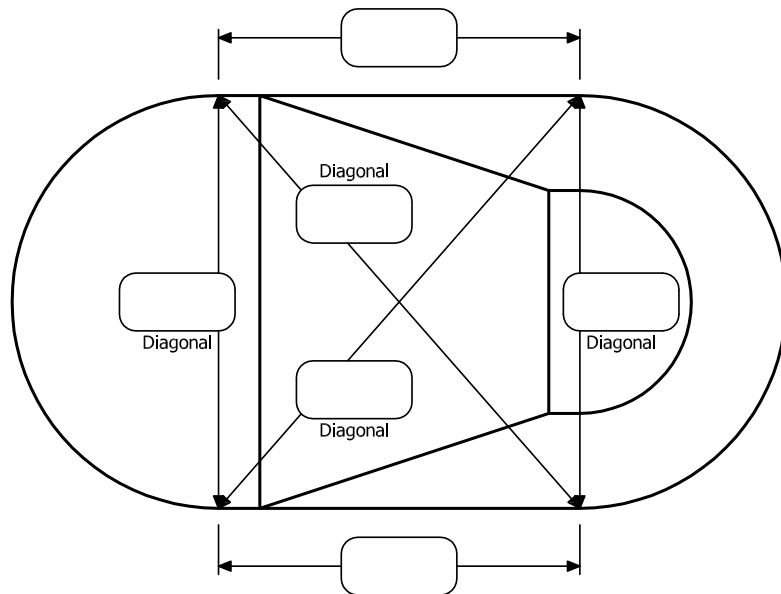
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____



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SIGNED: _____



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

MODIFIED OVAL

**The
vinyl
works**

(518) 786-1200 • Fax (518) 786-1476

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

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

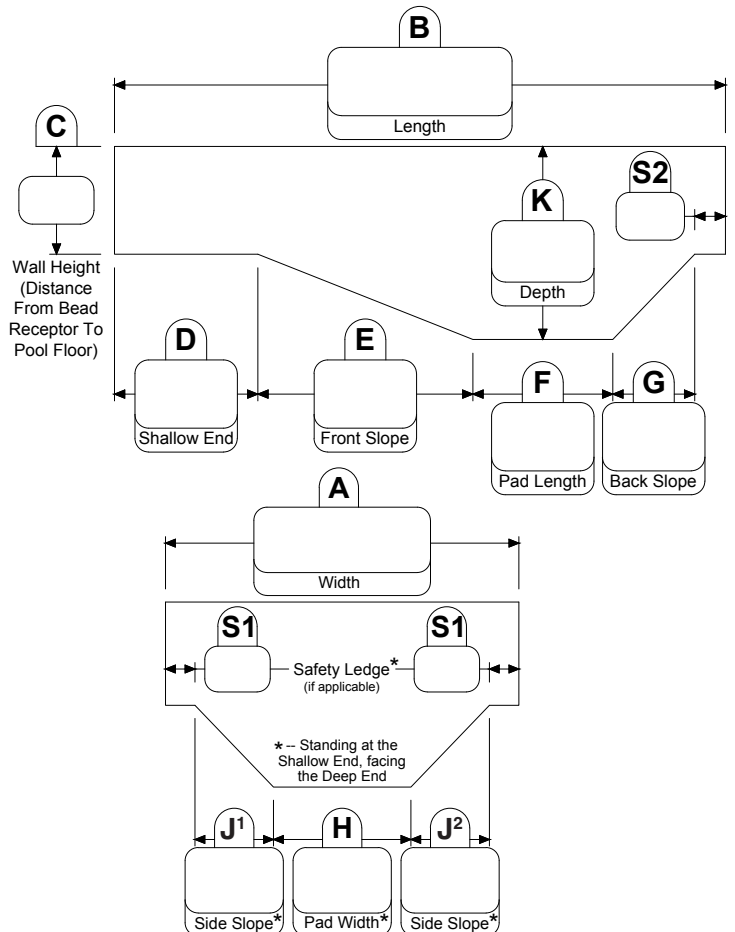
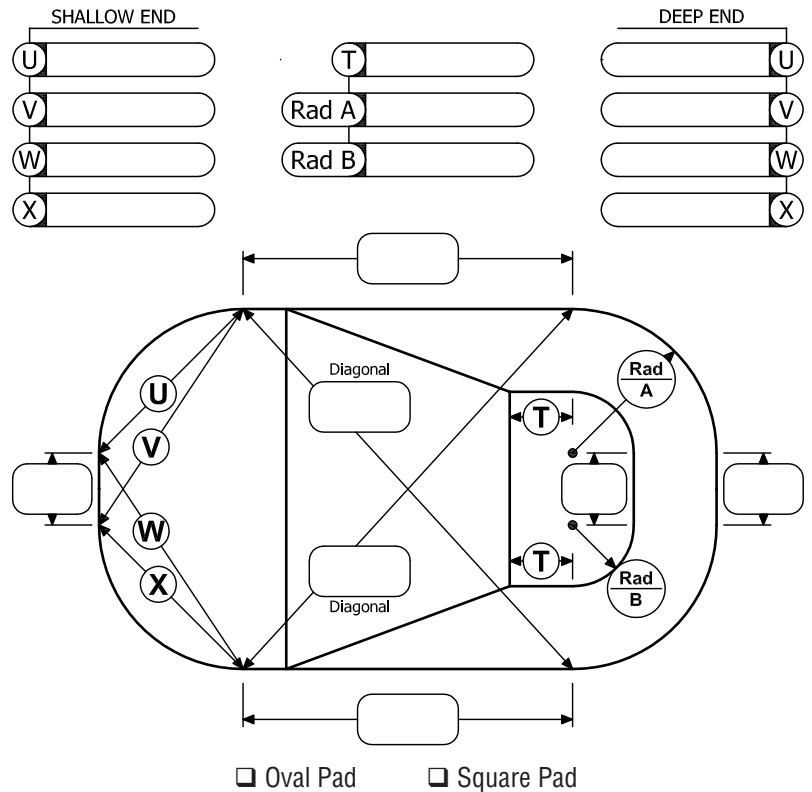
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____



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SIGNED: _____



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

ROMAN END

The vinyl works

(518) 786-1200 • Fax (518) 786-1476

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

- ☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

- ☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair ☐ Radius ☐ Straight

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

- ☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

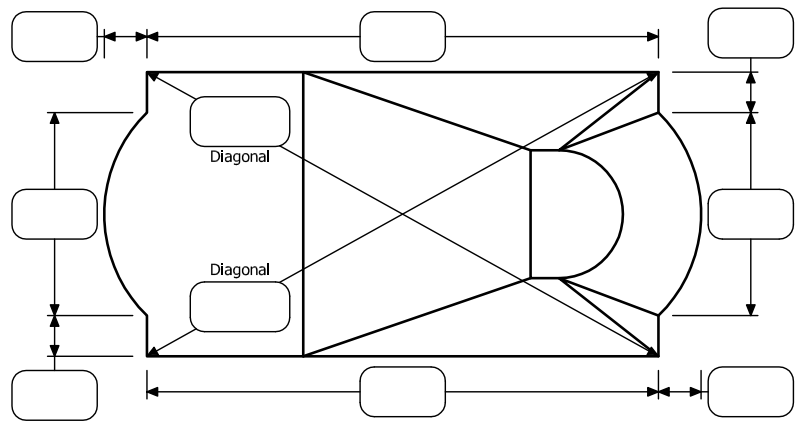
FOR OFFICE USE ONLY

DLR: _____

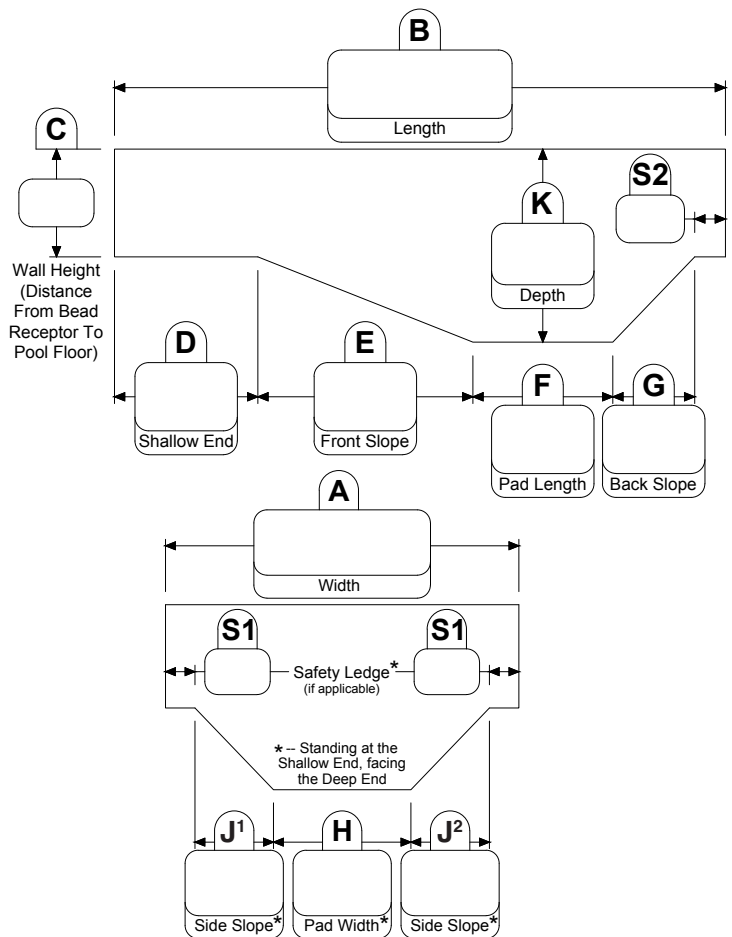
ORDER #: _____

PRODUCTION #: _____

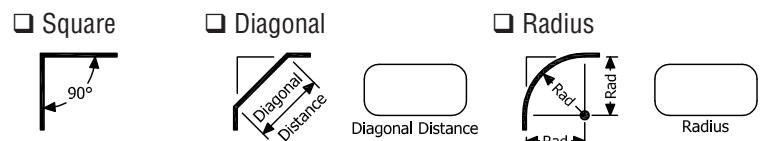
DATE: _____



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



CORNER



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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SIGNED: _____



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

ROMAN END LAZY EL LEFT

**The
vinyl
works**

(518) 786-1200 • Fax (518) 786-1476

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

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

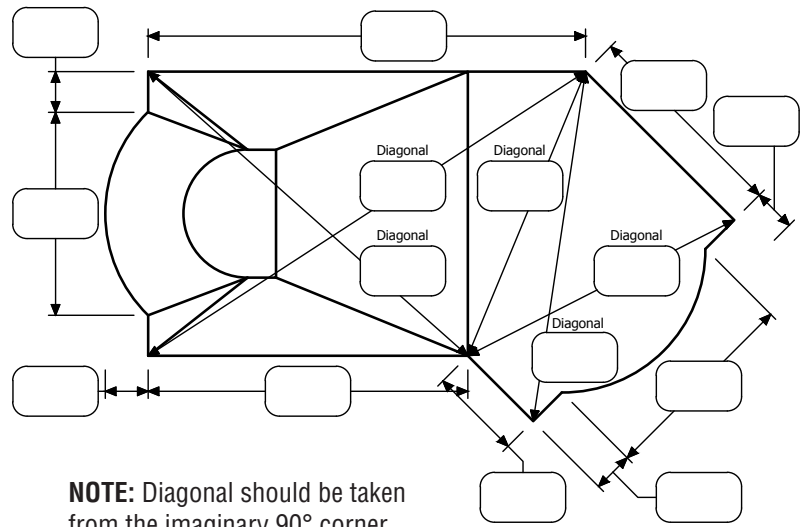
FOR OFFICE USE ONLY

DLR: _____

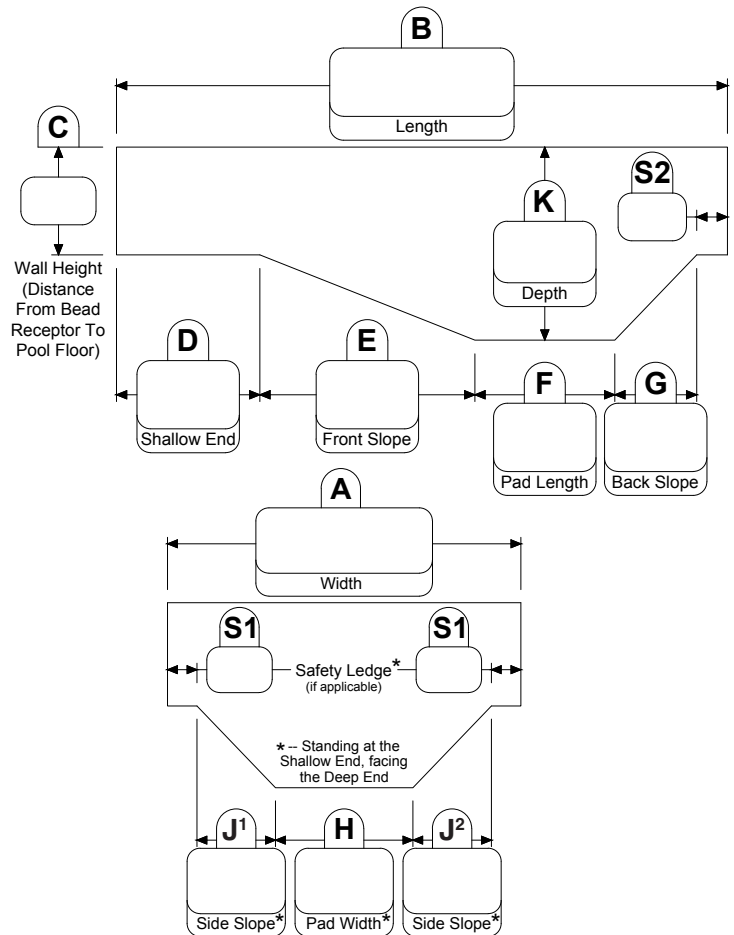
ORDER #: _____

PRODUCTION #: _____

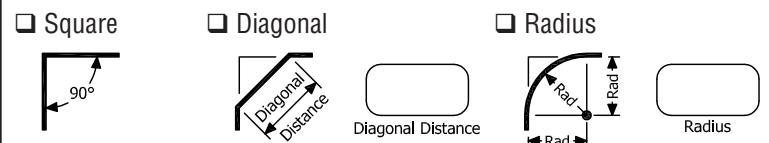
DATE: _____



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



CORNER



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ROMAN END LAZY EL RIGHT

**The
vinyl
works**

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LinerOrder@TheVinylWorks.com

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

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☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair ☐ Radius ☐ Straight

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

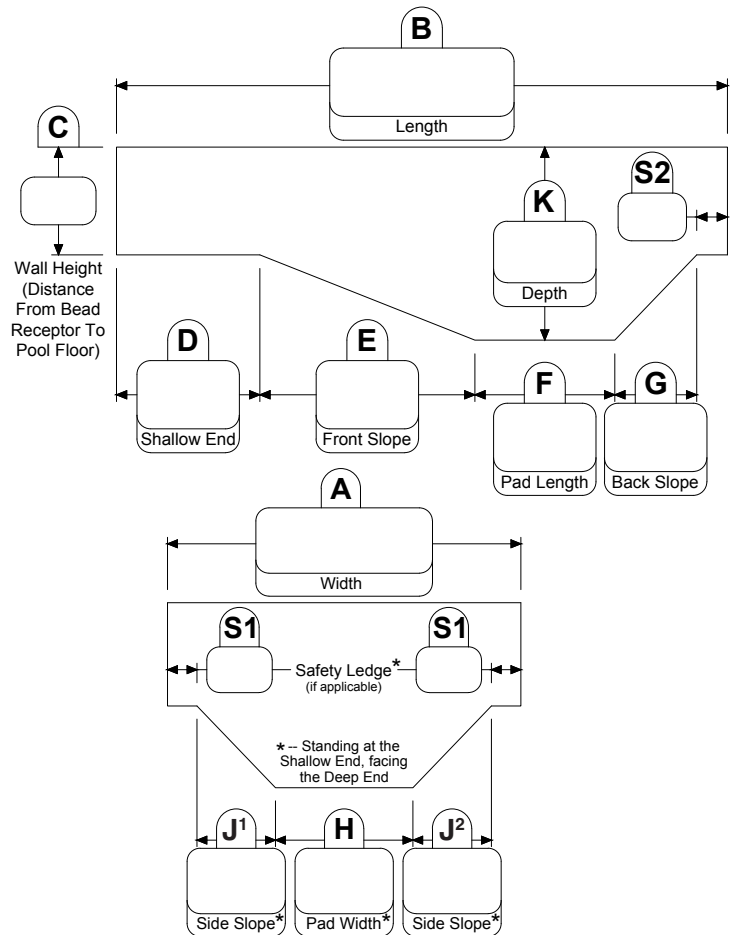
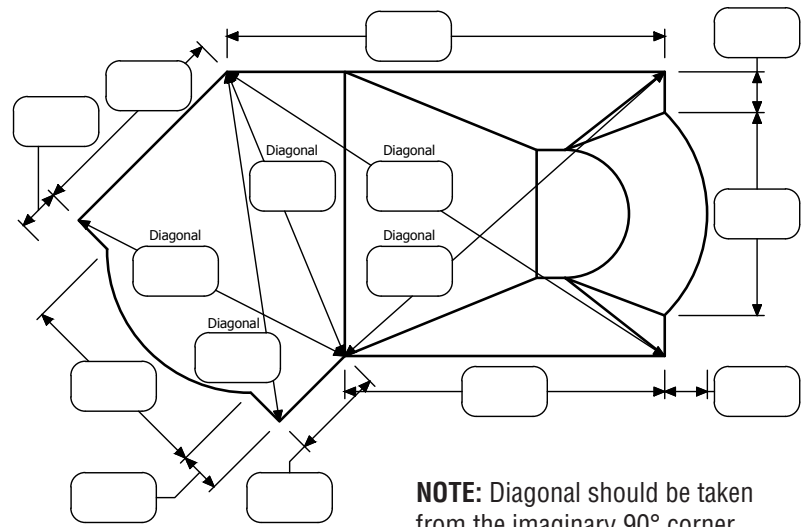
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____

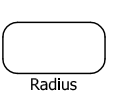
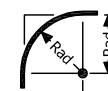
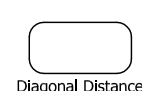


CORNER

☐ Square

☐ Diagonal

☐ Radius



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SIGNED: _____



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

KEYHOLE LEFT

The vinyl works

(518) 786-1200 • Fax (518) 786-1476

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LinerOrder@TheVinylWorks.com

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

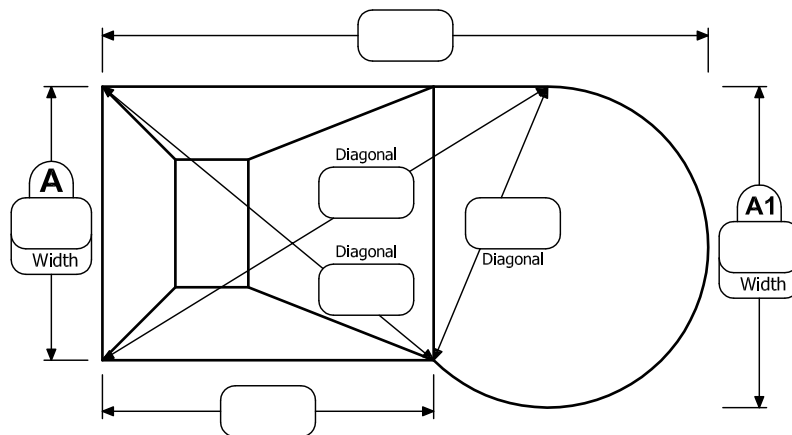
FOR OFFICE USE ONLY

DLR: _____

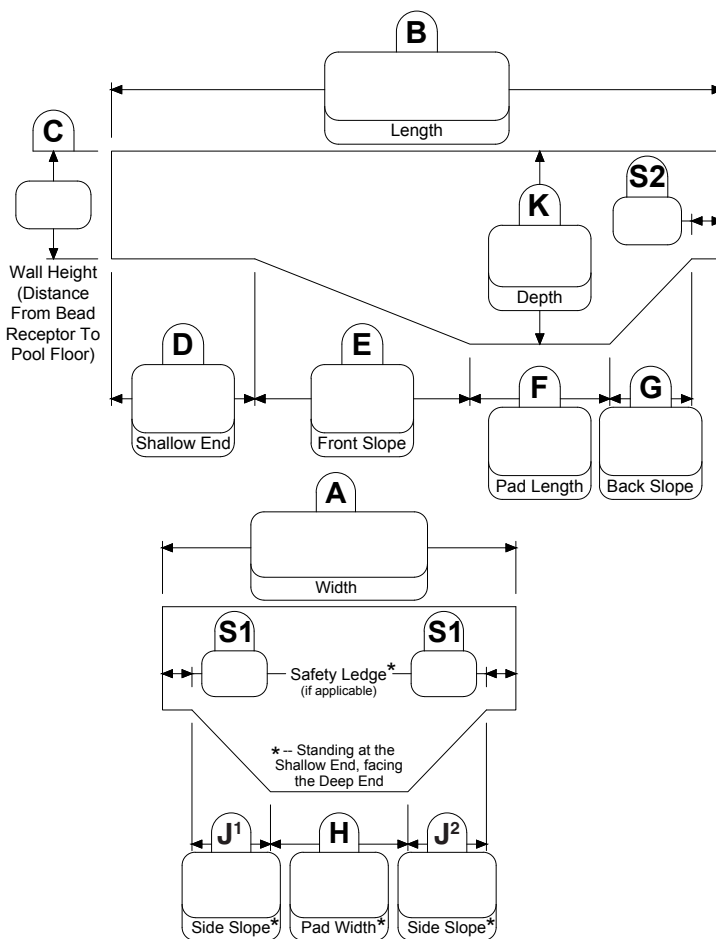
ORDER #: _____

PRODUCTION #: _____

DATE: _____



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

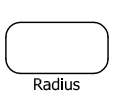
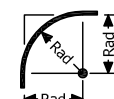
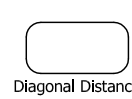


CORNER

☐ Square

☐ Diagonal

☐ Radius



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SIGNED: _____



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

KEYHOLE RIGHT

**The
vinyl
works**

(518) 786-1200 • Fax (518) 786-1476

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LinerOrder@TheVinylWorks.com

☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

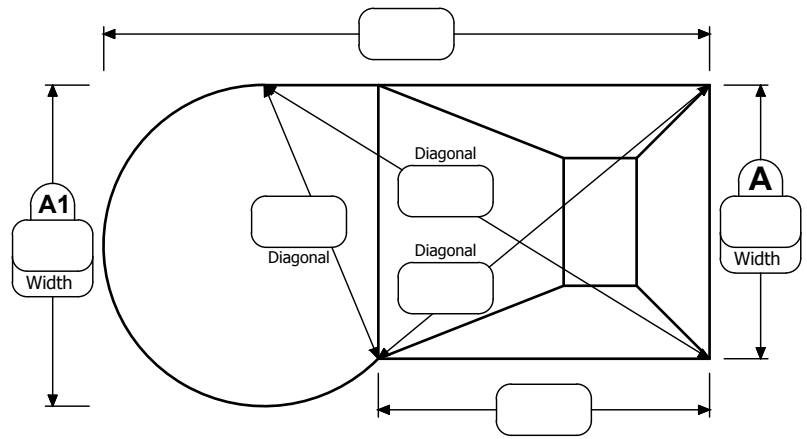
FOR OFFICE USE ONLY

DLR: _____

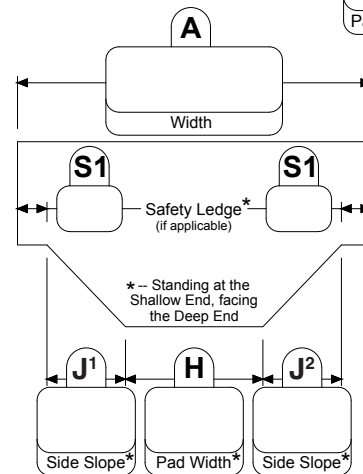
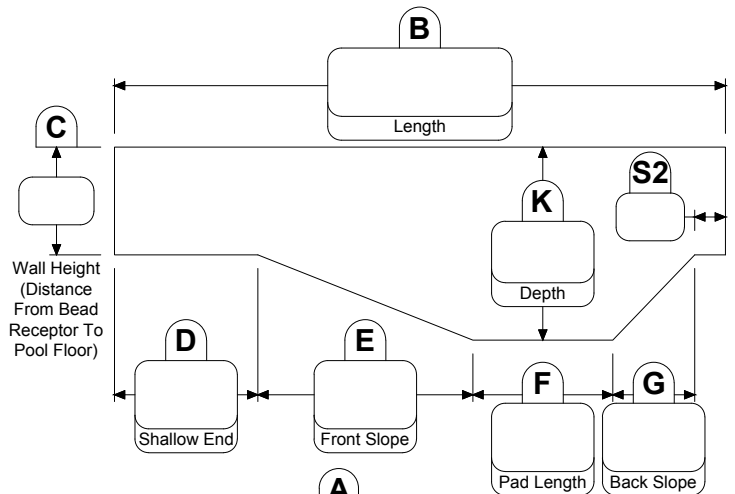
ORDER #: _____

PRODUCTION #: _____

DATE: _____



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

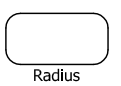
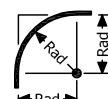


CORNER

☐ Square

☐ Diagonal

☐ Radius



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SIGNED: _____

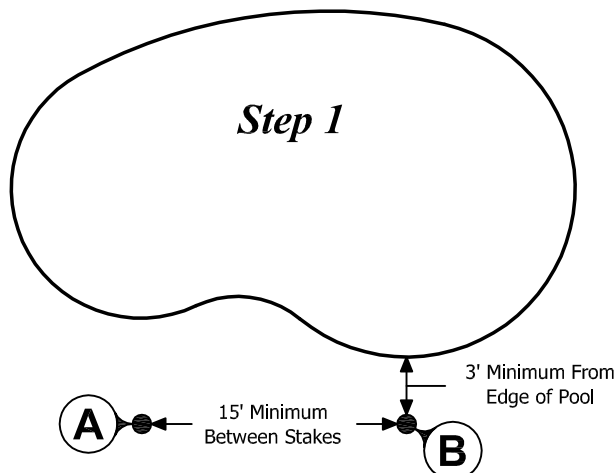


Vinyl Works, Inc. • 33 Wade Road • Latham, NY 12110
VINYL WORKS LINERS ARE FOR RESIDENTIAL USE ONLY. 2/19

The vinyl works

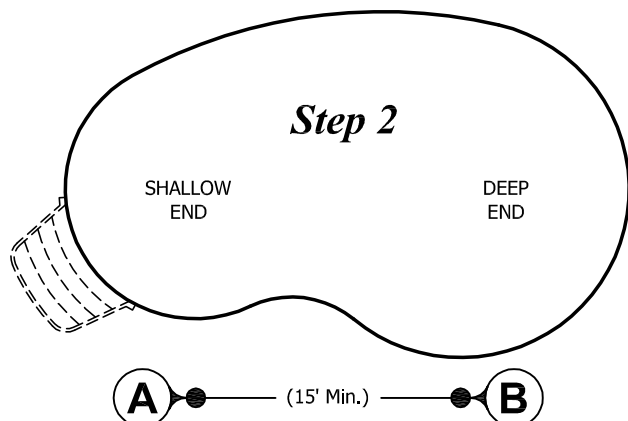
Step 1:

Establish two stakes that are a minimum of 15' apart and at least 3' from 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.)



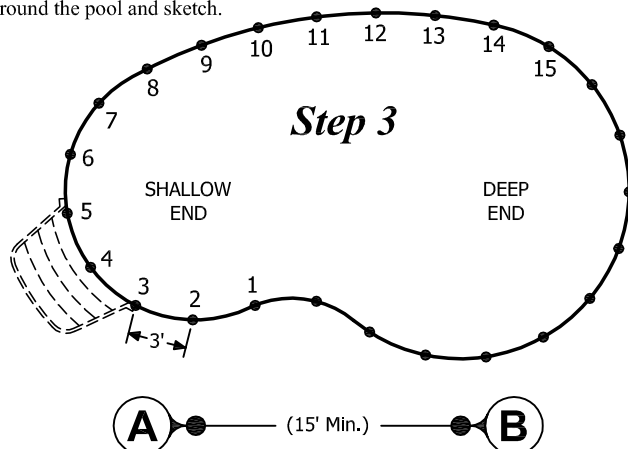
Step 2:

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.



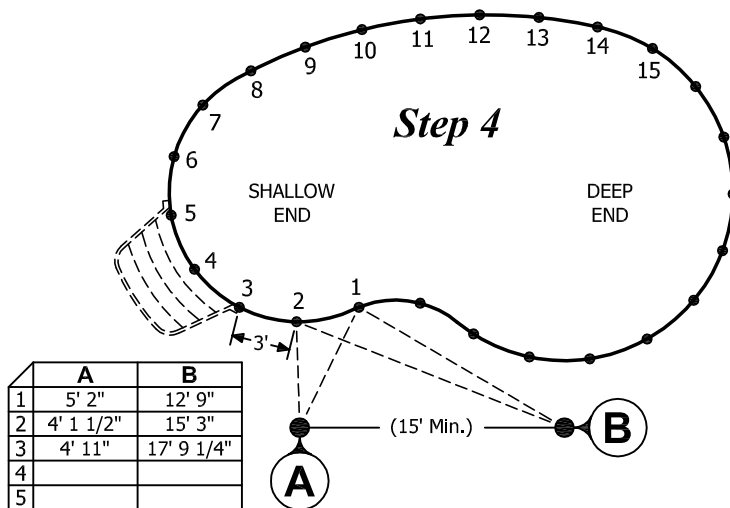
Step 3:

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 around the pool and sketch.



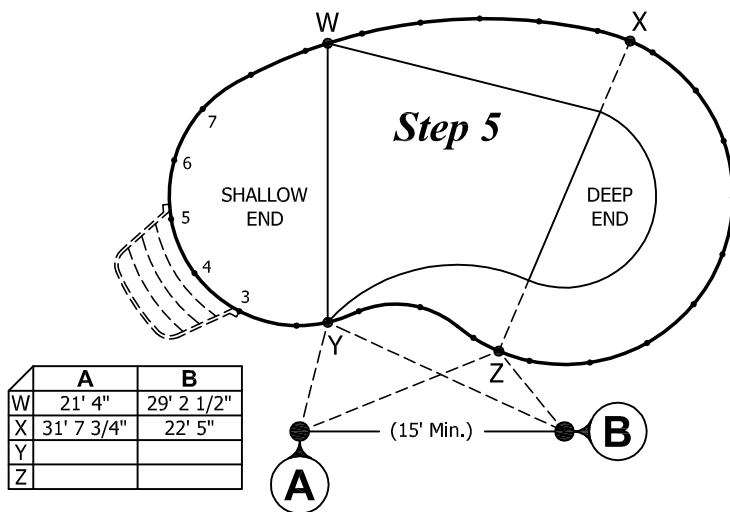
Step 4:

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.



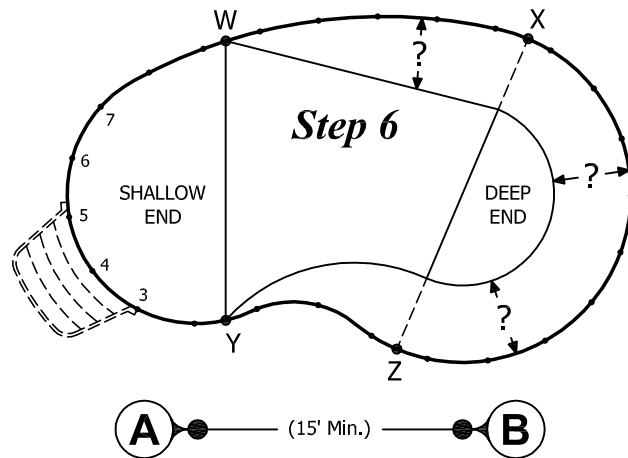
Step 5:

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.



Step 6:

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



FREEFORM

The Vinyl Works

(518) 786-1200 • Fax (518) 786-1476

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

- ☐ QUOTE ☐ ORDER
☐ REPLACEMENT ☐ NEW POOL

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIP TO

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIP VIA: _____

WALL PATTERN: _____ Mil: _____

FLOOR PATTERN: _____ Mil: _____

****If mil is not specified, Standard mil will apply****

- ☐ No Stair ☐ Steel Stair (Send complete layout w/ order)
☐ Plastic Stair (☐ Radius ☐ Straight)

****Indicate wall seam location on drawing****

LINER ATTACHMENT TO WALL:

- ☐ Beaded ☐ Multibead ☐ Overlap ☐ Other

FOR OFFICE USE ONLY

DLR: _____

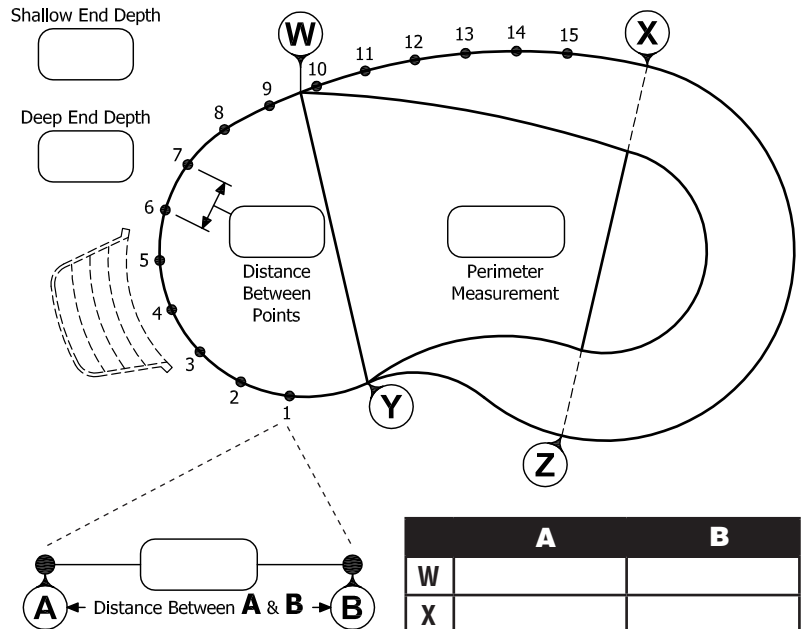
ORDER #: _____

PRODUCTION #: _____

DATE: _____

Shallow End Depth

Deep End Depth



NOTE: Use Stair Layout Liner Form for Step Dimensions

	A	B
W		
X		
Y		
Z		
BREAKPOINTS		

	A	B
1	26	1
2	27	2
3	28	3
4	29	4
5	30	5
6	31	6
7	32	7
8	33	8
9	34	9
10	35	10
11	36	11
12	37	12
13	38	13
14	39	14
15	40	15
16	41	16
17	42	17
18	43	18
19	44	19
20	45	20
21	46	21
22	47	22
23	48	23
24	49	24
25	50	25

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.

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.

SIGNED: _____



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



(518) 786-1200 • Fax (518) 786-1476

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

STAIR LAYOUT LINER FORM

DATE: _____ PO#: _____

JOB NAME: _____

ORDERED BY

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Special Instructions: _____

ATTACHMENT: ☐ Beaded ☐ Rod Loops ☐ None

SIZE: _____ YEAR: _____ OFFSET: _____

☐ Straight ☐ Radius ☐ Thermoplastic

**From Corner*

STAIR POSITION (Check box below):

☐ Right
(4 Corner)

☐ Right
(3 Corner)

**Offset*

Note: Stair position is always
standing in the shallow end,
and facing the deep end

Center

**Offset*

☐ Left
(4 Corner)

☐ Left
(3 Corner)

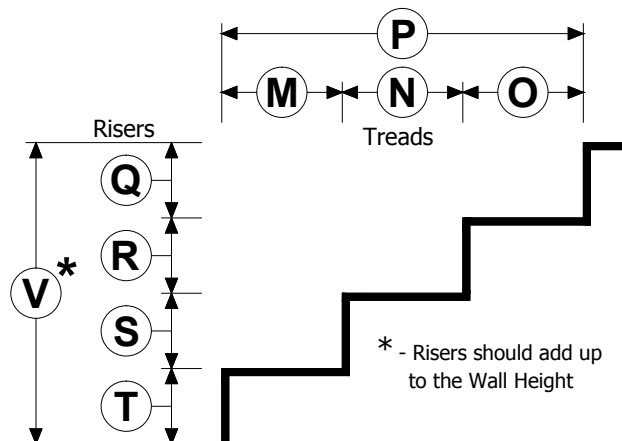
FOR OFFICE USE ONLY

DLR: _____

ORDER #: _____

PRODUCTION #: _____

DATE: _____



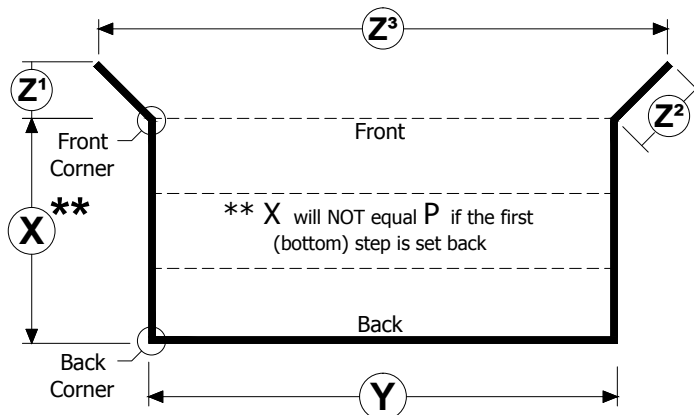
Coping Attachment: Side Mount ☐ It is necessary to notify The Vinyl Works when side mount (vertical) extrusion is used. If not checked, Top Mount will be used.

RISER MEASUREMENTS

Q _____
R _____
S _____
T _____
V _____

TREAD MEASUREMENTS

M _____
N _____
O _____
P _____



STAIR DEPTH

X _____

STAIR WIDTH

Y _____

STAIR SETBACK (IF APPLICABLE)

Z1 _____

Z2 _____

FRONT CORNERS: _____

BACK CORNERS: _____

MFG.: _____

COLOR: _____

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.

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.

SIGNED: _____



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