Pocono Pool Products

A - B SHEET FOR KIDNEYS & FREEFORMS

Company Name: _____ **Cust. Name/PO#:** _____

Address: _____ **Hung (Beaded) - Bead Type:** _____

City: _____ **State:** ____ **Zip:** _____ **Overlap - Size of Overlap:** _____

Phone: _____ **Cell:** _____ **Liner Over Steps: YES or NO** (Attach Step Orderform)

Fax: _____ **Contact:** _____ **Cut-Out Steps: YES or NO** (Show Location Below)

Liner Pattern: Tile/Wall: _____ (20 or 28 mil) Floor: _____(20 or 28 mil)

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