Customer N°:	Customer reference:	Order form date:

Company contact details:	*Delivery address:*
Surname:	Name: .....
Postcode: ..... City:	Address: .....
Country:	Postcode: .....City: .....
Phone:	Country.....
E-mail:	Phone (person to contact) .....
Contact in case of missing measurements:	☐ Pick up at DEL Saint-Rémy-de-Provence factory (13210, Saint-Rémy-de-Provence, FRANCE)
.....	

☐ New pool ☐ Existing pool: to avoid re-taking the measurements, please indicate the invoice n°, order n° or delivery document n° for the original cover: .....

MODEL	
☐ Blue blue - 500 µm ☐ Opaque grey - 500 µm ☐ Silver blue - 500 µm	☐ Blue blue - 400 µm
FINISHES	
☐ Fully bordered ☐ Bordered on 2 widths ☐ No bordered	
STAIRS	
☐ Rectangular ☐ Roman ☐ Trapezoid	
CUT-OUT / LADDER / MOTOR BLOCK	
☐ Yes (provide a drawing) ☐ No	
EXTRA EYELETS For models with full bordered and bordered on 2 width, option not available for 500 µm covers.)	
☐ Yes. Number of extra eyelets: ..... (attach a diagram showing the eyelet positions) ☐ No (By default: one eyelet every 50 cm + 1 on 1 width, 2 eyelets on the opposite width)	
REEL SYSTEMS	
☐ T-Basic 95* ☐ T-Presto 126* ☐ Orion* ☐ Orion removable* ☐ Vega* ☐ Vega removable* ☐ Vega mobile*	☐ Delinox ☐ Borne ◯ Electric ◯ Solar ☐ Mural: ◯ Manual ◯ Electric * Not recommended for indoor pools.

INFO

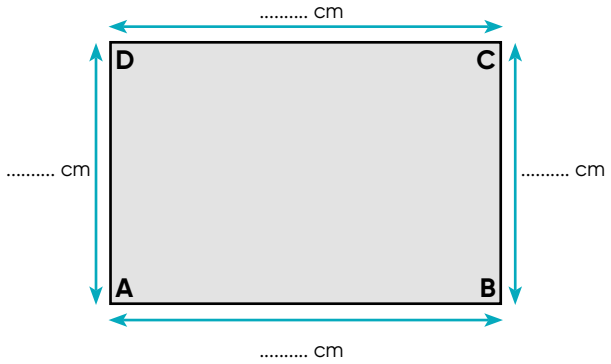
For asymmetrical covers (or with stairs), please specify the width of the eyelets when ordering.

ALVEOLAR & ROUND BUBBLE COVERS - DRAWING

Customer N°:	Customer reference:	Order form date:	Company:

POOL

RECTANGULAR:



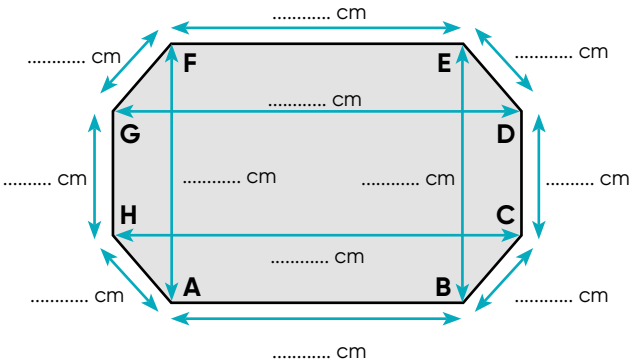
Corners: .....

Diagonals:

AC: ..... cm BD: ..... cm

Reel systems side: ☐ AB ☐ BC ☐ CD ☐ AD

OCTAGONAL:



Corners: .....

Diagonals:

AE: ..... cm AC: ..... cm

BF: ..... cm BC: ..... cm

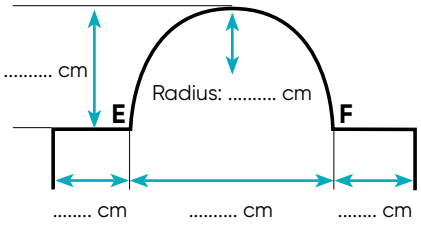
CG: ..... cm EG: ..... cm

DH: ..... cm FD: ..... cm

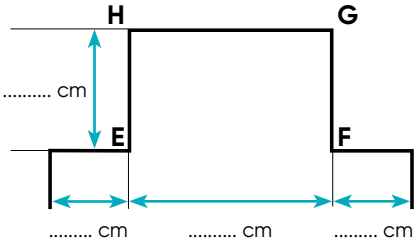
Reel systems side: ☐ AB ☐ BE ☐ EF ☐ AF

STAIRS

ROMAN:



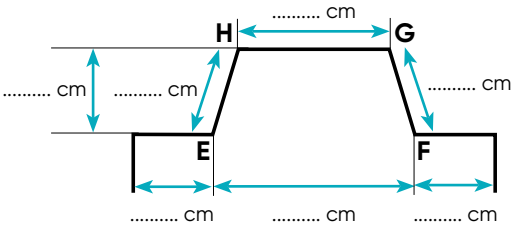
RECTANGULAR:



Diagonals:

EG: ..... cm FH: ..... cm

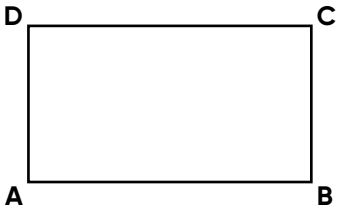
TRAPEZOID:



Diagonals:

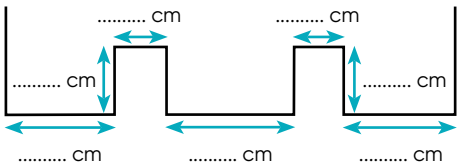
EG: ..... cm FH: ..... cm

POSITION YOUR STAIRS:



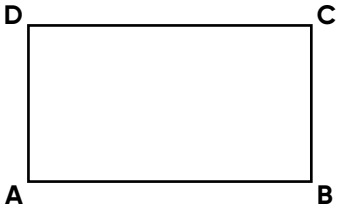
CUT-OUTS

ALVEOLAR BUBBLE COVER CUT-OUTS:



ROUND BUBBLE COVER CUT-OUTS:

POSITION YOUR CUT-OUTS:



TRUCK ACCESS CHECKING GUIDE

Company name:	Customer reference:

INFO

To help us deliver to you as efficiently as possible, please complete this questionnaire carefully. We decline all liability if the specified delivery location is inaccessible due to the information you have provided. Any additional delivery attempts will be invoiced. Thank you for your understanding.

ORDERED EQUIPMENT

☐ Automatic slatted cover ☐ Bar cover ☐ Bubble cover (width over 4.50 m)

ROAD SIGNAGE LEADING TO THE REQUESTED DELIVERY POINT

Have you already seen this type of road sign on the road that leads to the requested delivery point?

☐ Yes If so, please indicate which ones: .....

☐ No

ACCESS TO THE REQUESTED DELIVERY POINT: TYPES OF VEHICLE LIKELY TO HAVE ACCESS

Below are different vehicle types. Indicate which types are likely to be able to pass in front of the requested delivery location.

Tractor + trailer (38 tonnes):

☐ Yes ☐ No

Semi-trailer (38 tonnes):

☐ Yes ☐ No

Small carrier (19 tonnes):

☐ Yes ☐ No

Small truck (<6 tonnes):

☐ Yes ☐ No

Garbage trucks:

☐ Yes ☐ No

Concrete mixer trucks:

☐ Yes ☐ No

Fuel delivery trucks:

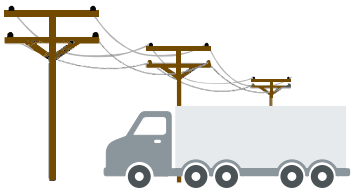
☐ Yes ☐ No

Small van:

☐ Yes ☐ No

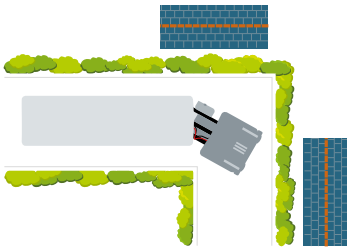
TRUCK CLEARANCES: DETAILS

Be careful of the truck clearance: Is the delivery address subject to one of the below situations ?



Electric cables: ☐ Yes ☐ No

Low branches: ☐ Yes ☐ No



Corners of roads: ☐ Yes ☐ No

OTHER INDICATIONS, PLEASE DESCRIBE