ISODEL FOAM COVERS & THEIR REEL SYSTEMS

DEL

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 the event of missing measurements:	☐ Pick up at DEL Brécé factory (35530 Brécé, FRANCE)
.....	In excess of 4.50 m wide and/or 14 m long: the transport will be by chartered transporter.

☐ 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: .....

MODELS	
☐ Eco	☐ Luxe (minimum 20 m²)
THICKNESS	
☐ 6 mm	☐ 8 mm
STAIRS	
☐ Rectangular	☐ Roman ☐ Trapezoid
CUT-OUT / LADDER / MOTOR BLOCK	
☐ Yes (provide a drawing)	☐ No

OPTIONS		
Sheath for pull bar (bar not included) (for eco finish)	☐ Yes	☐ No
1.50 m strap (for eco finish)	☐ Yes Quantity:	☐ No
Hook (for eco finish)	☐ Yes Quantity:	☐ No
Traction rope (for eco finish)	☐ Yes Number of metres:	☐ No

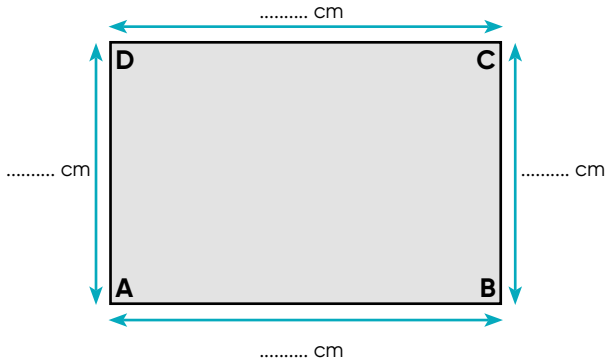
REEL SYSTEMS		
☐ Delinox for large pools	☐ Manual Jupiter 2	☐ Manual Neptune
☐ Delinox for large pools, 3 supports	Pool dimension: ..... x ..... cm	Pool dimension: ..... x ..... cm
	☐ Motorised Jupiter 2	☐ Motorised Neptune
	Pool dimension: ..... x ..... cm	Pool dimension: ..... x ..... cm
☐ Cut to pool size		
Requested tube dimension (minimum pool + 60 cm): ..... m		

ISODEL FOAM COVER - DRAWING

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

POOL

RECTANGULAR:



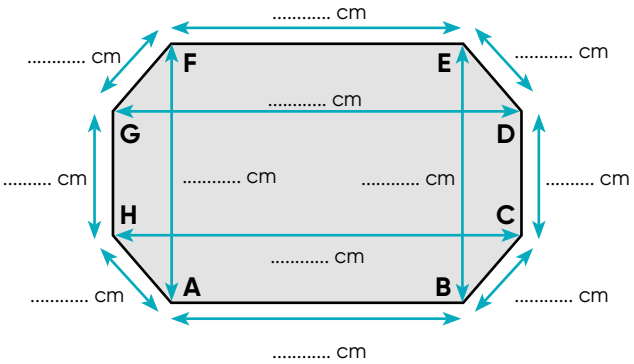
Corners: .....

Diagonals:

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

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

OCTAGONAL:



Corners: .....

Diagonals:

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

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

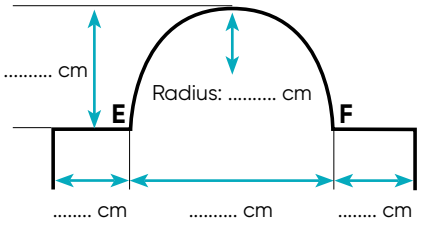
CG: ..... cm EG: ..... cm

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

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

STAIRS

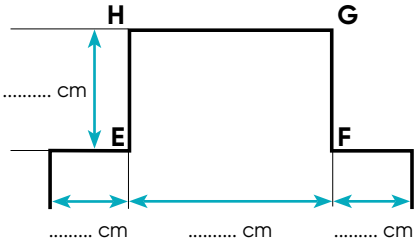
ROMAN:



Diagonals:

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

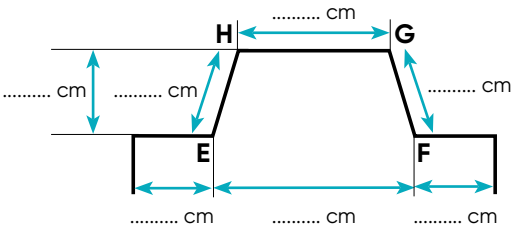
RECTANGULAR:



Diagonals:

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

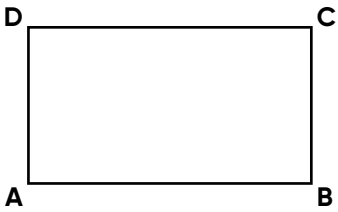
TRAPEZOID:



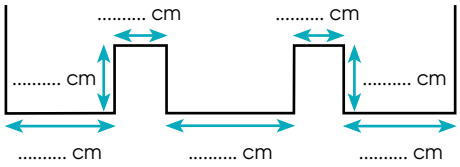
Diagonals:

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

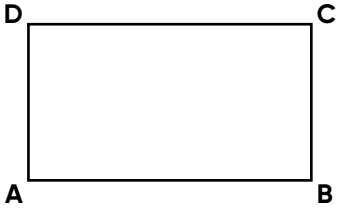
POSITION YOUR STAIRS:



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:

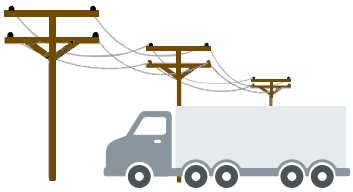
☐ Yes ☐ No

Small van:

☐ Yes ☐ No

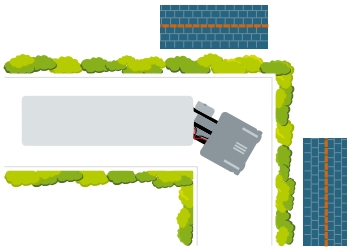
TRUCK CLEARANCES: DETAILS

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