



Customer N°:	Customer reference:	Order form date:
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<b>Company contact details:</b> Surname: ..... Postcode: ..... City: ..... Country: ..... Phone: ..... E-mail: ..... Contact in case of missing measurements: ..... ..... .....	<b>Delivery address:</b> Name: ..... Address: ..... Postcode: ..... City: ..... Country: ..... Access: <input type="checkbox"/> Semi-trailer <input type="checkbox"/> Carrier Other: ..... Fill in the truck access checking guide on p. 401. <input type="checkbox"/> Pick up at DEL Brécé factory (35530 Brécé, FRANCE)
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New build pool     Existing pool: In order to avoid taking again measurements of the pool, please indicate the invoice number, order number or reference of the original cover made: .....



<b>ROLLENERGY EVOLUTION / ROLLIN</b>	
<b>BEAM TYPE</b> - this must be filled in. Indicate the model for the manufacture of the beam.	
<input type="checkbox"/> 100 x 100 mm <input type="checkbox"/> 120 x 100 mm* <input type="radio"/> White <input type="radio"/> Beige* <input type="radio"/> Grey	
* Available up to a width of 6 m.	
<b>SUPPORT TYPE</b> - this must be filled in. Indicate the model for the manufacture of the beam.	
To be delivered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> Insert mount <input type="radio"/> Surface mount <input type="radio"/> Adjustable hanging mount <input type="radio"/> Adjustable flat hanging mount	
Width where the beam will be placed:	
- Pool: ..... cm	
- Between copings: ..... cm	
<b>OPTIONS</b>	
<b>Middle telescopic support for beam</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate the number: .....	
Coping overhang: ..... cm	
Stair exterior to the pool opposite to the reel system to adjust the number of counterweights <input type="checkbox"/> Yes <input type="checkbox"/> No	



<b>ROLLINSIDE</b>	
<input type="radio"/> Rollinside 1 side (2 beams) <input type="radio"/> Rollinside 2 sides (3 beams) Other (quantity of beams): .....	
Width of the pool where the beam(s) will be positioned: ..... cm	
<b>WALL UNITS / SEALING KIT FOR BEAM</b>	
<input type="checkbox"/> Insert mount wall units <input type="checkbox"/> Surface mount wall units kit	
<b>OPTIONS</b>	
<b>Middle telescopic support + Load strut</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate the number: .....	
<b>POOL TYPE</b>	
<input type="checkbox"/> Polyester shell Brand: ..... Model: ..... <input type="checkbox"/> Concrete	<input type="checkbox"/> Resin <input type="checkbox"/> Wood <input type="checkbox"/> Polystyrene block <input type="checkbox"/> Metal



# TRUCK ACCESS CHECKING GUIDE

Company name:	Customer reference:
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## INFO

To allow us to deliver to you with maximum efficiency, please fill in this questionnaire carefully. We decline all liability in the event of the required delivery location being inaccessible due to the indications you have provided. Any new deliveries will be invoiced to you. Thank you for your understanding.



### ORDERED EQUIPMENT

Automatic slatted cover   
  Bar cover   
  Bubble cover (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): <input type="checkbox"/> Yes <input type="checkbox"/> No	 Semi-trailer (38 tonnes): <input type="checkbox"/> Yes <input type="checkbox"/> No	 Small carrier (19 tonnes): <input type="checkbox"/> Yes <input type="checkbox"/> No	 Small truck (<6 tonnes): <input type="checkbox"/> Yes <input type="checkbox"/> No
 Garbage trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No	 Concrete mixer trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No	 Fuel delivery trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No	 Small van: <input type="checkbox"/> Yes <input type="checkbox"/> No

### TRUCK CLEARANCES: DETAILS

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

 Electric cables: <input type="checkbox"/> Yes <input type="checkbox"/> No	 Low branches: <input type="checkbox"/> Yes <input type="checkbox"/> No	 Corners of roads: <input type="checkbox"/> Yes <input type="checkbox"/> No
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### OTHER INDICATIONS, PLEASE DESCRIBE