



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: .....

### ROLLENERGY EVOLUTION / ROLLIN



**BEAM TYPE** - this must be filled in. Indicate the model for the manufacture of the beam.

☐ 100 x 100 mm ☐ 120 x 100 mm\*

☐ White ☐ Beige\* ☐ Grey

\* Available up to a width of 6 m.

**SUPPORT TYPE** - this must be filled in. Indicate the model for the manufacture of the beam.

To be delivered ☐ Yes ☐ No

☐ Insert mount ☐ Surface mount ☐ Adjustable hanging mount ☐ Adjustable flat hanging mount

Width where the beam will be placed:

- Pool: ..... cm

- Between copings: ..... cm

#### OPTIONS

**Middle telescopic support for beam** ☐ Yes ☐ 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 ☐ Yes ☐ No

### ROLLINSIDE



☐ Rollinside 1 side (2 beams)

☐ Rollinside 2 sides (3 beams)

Other (quantity of beams): .....

Width of the pool where the beam(s) will be positioned: ..... cm

#### WALL UNITS / SEALING KIT FOR BEAM

☐ Insert mount wall units

☐ Surface mount wall units kit

#### OPTIONS

**Middle telescopic support + Load strut** ☐ Yes ☐ No If yes, indicate the number: .....

#### POOL TYPE

☐ Polyester shell

Brand: .....

Model: .....

☐ Concrete

☐ Resin

☐ Wood

☐ Polystyrene block

☐ Metal



## TRUCK ACCESS CHECKING GUIDE

Company name:

Customer reference:

## 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?

3.5 T

☐ 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 (&lt;6 tonnes):

☐ Yes    ☐ No


Garbage trucks:

☐ Yes    ☐ No


Concrete mixer trucks:

☐ Yes    ☐ No


Fuel delivery trucks:

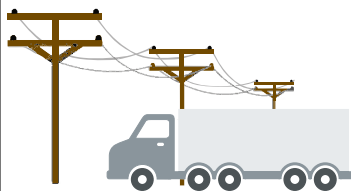
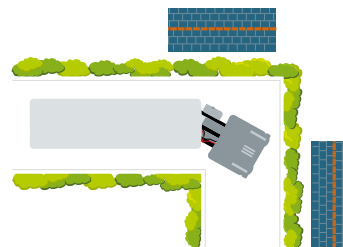
☐ Yes    ☐ No


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    ☐ NoLow branches: ☐ Yes    ☐ NoCorners of roads: ☐ Yes    ☐ No

## OTHER INDICATIONS, PLEASE DESCRIBE