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FAX: 631-254-2363 EMAIL: info@swimlinecorp.com

Dear Valued Customer:

Thank you for contacting Swimline Corporation.

Please follow these instructions for replacing your **cover** under the **pro-rated portion of your cover warranty.**

1. Fill in this **form completely.**
2. Enclose a **copy** of your **sales receipt.**
3. If you would like to upgrade your cover, please add \$15 and state which cover you're ordering.

Your customer service representative has already determined what your pro-rated warranty charge will be and it is marked on this form. PLEASE BE SURE TO DOUBLE CHECK THE SIZE AND SHAPE OF YOUR POOL AND RETURN THIS FORM!

NAME: _____ **PHONE:** _____

SHIPPING ADDRESS: _____

PLEASE SPECIFY ABOVE GROUND OR INGROUND POOL (Including Step Measurement)

SIZE: _____ SHAPE OF POOL: _____ TERM OF WARRANTY: _____ Seasons

UPGRADE (Check one): YES _____ NO _____

If you've chosen YES, please specify which cover: _____

COLOR OF COVER: Blue/Black __ Green/Black __ Blue w/ Binding __ Silver/Black __ Silver Skirted __

Please enclose your payment for _____ % of \$_____ YOU PAY ONLY \$ _____

PLEASE ENCLOSE A PIECE OF YOUR COVER FOR IDENTIFICATION PURPOSES.

Payment Options(Choose one): MasterCard _____ AMEX _____ Visa _____ Discover _____
Money Order _____

Name on credit card _____

Address if different from above _____

Credit Card Number _____ **Expiration Date** _____

Security Code _____ **Signature** _____

You will receive your cover within:

1-2 weeks if you pay by credit card

3-4 weeks if you pay by money order

Cover styles may be viewed at www.swimline.com

***Please note that personal checks are no longer accepted**