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 PHONE: 631-254-2155 EXT.135
 FAX: 631-254-2363 EMAIL: info@swimlinecorp.com

Dear Valued Customer:

Thank you for contacting Swimline Corporation.

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

1. Fill in this **form completely**.
2. Enclose a **copy** of your **sales receipt**.
3. Include a photo of the defective seam.

NAME: _____ PHONE: _____

SHIPPING ADDRESS: _____

LINER INFORMATION – FILL IN ALL APPROPRIATE BOXES

ROUND DIAMETER ONLY: _____ft. OVAL: _____ft. X _____ft.

KAYAK: _____ft. X _____ft. RECTANGLE: _____ft. X _____ft.

LINER TYPE: Overlap ____ Beaded ____ J-Hook/Unibead ____ Duo bead ____

WALL HEIGHT: 48" ____ 52" ____ 54" ____ 60" ____ 72" ____

THICKNESS: 2000 ____ 2500 ____ 3000 ____

PATTERN: _____

UPGRADE CHARGES (Choose One): Thicker Liner _____ \$60.00

Different Pattern _____ 50.00

Thicker Liner & Different Pattern _____ \$85.00

Please enclose your payment of _____% of \$_____ you pay \$ _____
 (of your original purchase price)

Upgrade charges \$ _____

Total you pay only \$ _____

You may use: MasterCard ____ Visa ____ Discover ____ Money Order ____

Name on credit card _____

Address if different from above _____

Credit Card Number _____ Expiration Date _____

Last Three Digits On Back _____ Signature _____

Liner patterns may be viewed at www.swimline.com