



Liner Order Form No.1 for Single Markouts

ABGAL PTY LTD. ACN: 010 151 578. ABN: 78 033 608 597

Please read the conditions marked with a ★ and fill out all details and tick boxes where applicable

QUOTE No: _____ PRICE \$ _____ DATE Required: _____

Your Name: _____ PH: _____

Your Client: _____ Order No: _____

Welded Bead: Facing or Type (A) (B) (C)
See overleaf for bead type & size profiles

★ Measure wall height from hook on fixing extrusion to floor, list an exact wall height for welded bead.

Pool Wall Height: _____ mm or use 1 panel Width of 1120mm

A to B Measurement: _____ mm Pool Length: _____ mm

Last Point Before B: _____ Pool Width: _____ mm

T/port Co: _____ P/up Perimeter: _____ mm

All fixing extrusions are in 3m lengths, list quantity of lengths required

Above Water: Retainer EXTRET. _____ Capping EXTCAP. _____

Retainer for T-Lock EXTW1F _____ T-Lock Black strip EXTW1T. _____

Below Water: W/line Male EXTWL3M. _____ W/line Female EXTWL3F. _____

Colour Tick

Dark Blue	<input type="checkbox"/>
Light Blue	<input type="checkbox"/>
Grenada	<input type="checkbox"/>
Pacific	<input type="checkbox"/>
Antique	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Maldive	<input type="checkbox"/>
Coral Sand	<input type="checkbox"/>
Reef Pebble	<input type="checkbox"/>
Bahama	<input type="checkbox"/>
Casablanca	<input type="checkbox"/>
Costa Rica	<input type="checkbox"/>
Mosaic Tile	<input type="checkbox"/>
Maui	<input type="checkbox"/>

NUMBERS ARE TAKEN AS CLOCKWISE FROM A

Please sketch pool

★ Pool Brand _____ (if known) Model _____

Seam direction:

Choose the direction the edge of the seams face in the pool, TOP is the default direction.

(T) Top (default) A — B (C) Centre A — B (B) Bottom A — B

Corners: (Plan view)

Standard Square 70mm Radius Square Cut Off _____ mm Radius _____ mm

CHECK POINT OR DISH BASE DIMENSIONS:

Refer over page to Diagram 5 for measuring details

Distance from:	Tight	Loose	<input type="checkbox"/> YES, DISH LINER
Point No. A _____	Point No. B _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____
Point No. _____	Point No. _____	_____	_____

★ A dished base liner will be supplied and charged for if the YES box has been ticked, or the loose measurement is more than 8% longer than the tight measurement.

Please supply one pool liner as per these specifications and conditions:

Signed _____ Date _____

Additional Notes:

For Office Use Only
Job number: _____

★ All liners are custom made and hence non-returnable. This form is for liners with vertical walls and square wall/floor joins. For pools with tapered walls and/or curved where the wall meets the floor, use our 3D A—B Measuring System or 3D Laser Measuring System. Please refer to ABGAL's Inground Liner Manual for more information on measuring.

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Distance from Point A	Distance from Point B	Wall Height
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____
6 _____	6 _____	6 _____
7 _____	7 _____	7 _____
8 _____	8 _____	8 _____
9 _____	9 _____	9 _____
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46 _____	46 _____	46 _____
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53 _____	53 _____	53 _____
54 _____	54 _____	54 _____
55 _____	55 _____	55 _____

★ STEP OR MORE POINTS ON NEXT PAGE

Sign here

