




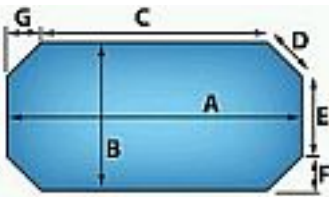
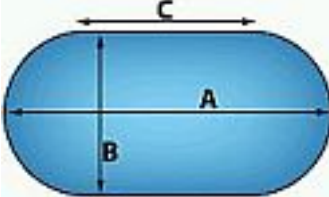
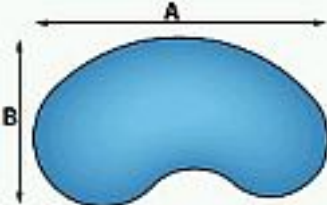
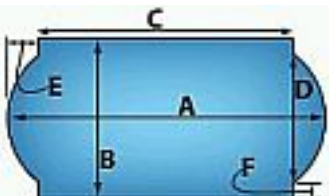
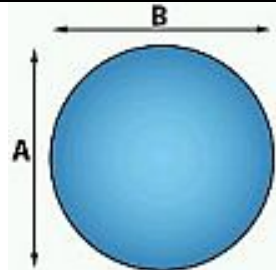
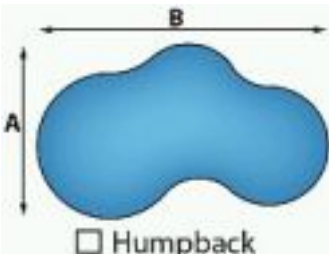
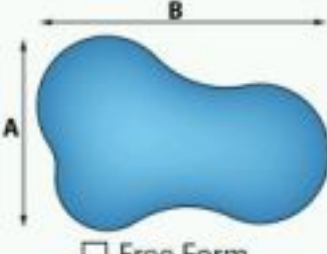
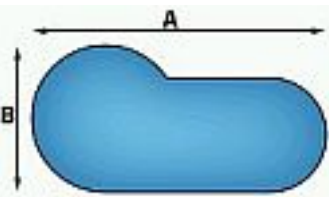
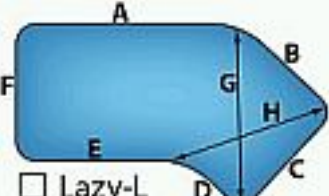
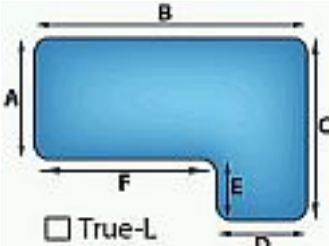
Safety Cover Repair Form

452 Distribution Parkway – Collierville, TN 38017 - Toll Free 888-751-0101 – Direct: 901-221-0101

Please fill out completely and fax to: 901-531-8145

Your Shipping Address & Contact Information				Description of Repair	When you receive your shipping box:
Name					1 Remove all hardware from the cover (Springs and Buckles).
Address					
City					
State		Zip			2 Place cover in provided box, tape it up and affix UPS label.
Phone					
Email					
					3 Drop off at UPS shipping location.

Please check appropriate box and fill in the dimensions in the space provided
 Only A and B (Length and Width) needed unless otherwise indicated. Approximate Measurements are OK
 This Information is used to calculate approximate shipping weight.

 <input type="checkbox"/> Rectangle	 <input type="checkbox"/> Grecian	 <input type="checkbox"/> Oval	 <input type="checkbox"/> Kidney																	
 <input type="checkbox"/> Roman	 <input type="checkbox"/> Round	 <input type="checkbox"/> Humpback	 <input type="checkbox"/> Free Form																	
 <input type="checkbox"/> Keyhole	 <input type="checkbox"/> Lazy-L	 <input type="checkbox"/> True-L	<table border="1"> <tr> <td>A</td> <td></td> <td rowspan="4">My Cover is:</td> </tr> <tr> <td>B</td> <td></td> </tr> <tr> <td>C</td> <td></td> </tr> <tr> <td>D</td> <td></td> </tr> <tr> <td>E</td> <td></td> <td> <input type="checkbox"/> Mesh <input type="checkbox"/> Solid </td> </tr> <tr> <td>F</td> <td></td> <td rowspan="2">Color of Cover:</td> </tr> <tr> <td>G</td> <td></td> </tr> </table>	A		My Cover is:	B		C		D		E		<input type="checkbox"/> Mesh <input type="checkbox"/> Solid	F		Color of Cover:	G	
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