



"The Emperors of Hydrotherapy!"

2954 Rubidoux Blvd., Riverside, CA 92509
 951-684-6667 FAX: 951-684-6677
 www.regalspas.com

Spa Purchase Agreement Form 6D

(Regal Spas Use Only)

SPA Number(s): _____ Date: _____

This Agreement is accepted by Regal Spas, Inc. on _____.

X _____
 Regal Spas Officer

Ordered by: _____ : Same as Ordered
 Company: _____ Ship to: _____
 Address: _____ Company: _____
 City, State, Zip: _____ Address: _____
 E-Mail: _____ Phone: _____ City, State, Zip: _____
 FAX: _____ Cell: _____ E-Mail: _____ Phone: _____

Item	Description	Qty	Price	Total
A	Caesar Spa: Select shell color: <input type="checkbox"/> Pearl White <input type="checkbox"/> Cameo <input type="checkbox"/> Silk <input type="checkbox"/> Mooncape II <input type="checkbox"/> Denim <input type="checkbox"/> Satin <input type="checkbox"/> Other Lucite color: _____ Select synthetic cabinet color: <input type="checkbox"/> Redwood <input type="checkbox"/> Grey <input type="checkbox"/> Other color: _____ Select spa cover color: <input type="checkbox"/> Light Grey <input type="checkbox"/> Charcoal <input type="checkbox"/> Rust <input type="checkbox"/> Wildwood <input type="checkbox"/> Other color: _____ Electrical: 240V/60Hz; 60A Service; 5.5kW Heater; Ozonator included.	_____	_____	_____
B	11kW Heater	_____	_____	_____
C	Turbocharger Blower	_____	_____	_____
D	Aromatherapy	_____	_____	_____
E	Chlorine Generator	_____	_____	_____
F	Marine Stereo with <input type="checkbox"/> 4-Speakers <input type="checkbox"/> 8-Speakers	_____	_____	_____
G		_____	_____	_____

A Non-refundable deposit of _____ to start production.
 The remaining amount of _____ to be paid when production is completed (before shipping).

NOTE: We only accept Cashier's Checks _____ Non-taxable:
 or Wire Transfers for final payments. I will pay Freight charges direct to the Trucking Co.:
 All freight are F.O.B. Riverside, California. Add Freight charges to my bill:

Subtotal:	_____
Deposit:	_____
Final:	_____
Tax:	_____
Freight:	_____
Total:	_____

Choose your method of Deposit Payment:

Cashier's Check Wire Transfer Personal/Company Check # _____
 (Funds must clear our bank before production starts)
 Credit Card American Express Discover VISA Mastercard

Card Info: Name on card: _____
 Address: _____
 City, State, Zip: _____
 Card Number: _____
 Expiration Date: _____ Code: _____

Other: _____

I authorize Regal Spas to start production for the items as ordered above per Regal Spas Terms and Conditions.

X _____
 Signature _____ Print your name _____

Sign and print your name, FAX and Mail the original to Regal Spas (see address above).