

CUSTOMER SATISFACTION CERTIFICATE



PAINTING • ROOFING • WINDOWS

7 7 7 - 1 2 3 4

STATE LICENSE NO. 245291

This form is presented to you so that we can insure the work on your building has been completed. Please check the appropriate blocks below:

The work completed is: ^{Super}Excellent Satisfactory Passable

Type of work performed by Armstrong:

- PAINTING
- ROOFING
- WINDOWS
- CARPENTRY
- VINYL SIDING
- GUTTERS AND/OR
- DOWNSPOUTS
- OTHERS (please list) _____

Comments and Suggestions: It has been a pleasure to

have Pawal Karolak painting my house. He is a very hard worker who is pleasant, professional, careful conscientious about doing an excellent job slows up when he says + listens to any concerns about the

Can we use your name as a reference? yes no

Can we use a picture of your house without an address as a reference? yes no

Can we use your address as a reference? yes no

Date: 8-2-10

Name: KAREN MCNEIL

Address: 30 ACACIA AVE

City: LARKSPUR

Installer (if name known): PAWAL KAROLAK

Customer Signature: Karen McNeil