

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: 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: _____

*Thank you for patience
working with us*

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: 6/10/2010

Name: TRUDI TUBAN

Address: 620 SIERRA AVE

City: MOUNTAIN VIEW CA 94041

Installer (if name known): _____

Customer Signature: Trudi Tuban