

# 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: Has been a pleasure  
working with Walter, always helpful  
and gave good advice.

- 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: Feb. 14, 2011

Name: Christine Haynes

Address: 5644 Musick Ave

City: Newark, CA 94560

Installer (if name known): Walter

Customer Signature: Christine Haynes