

# 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: The team was AMAZING -  
Courteous, well organized AND cleaned up  
every day. The workmanship shows.  
The house is now a bit of sunshine on the  
Block.

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: 2-28-11

Name: LISA BUGAJSKI

Address: \_\_\_\_\_

City: SAN JOSE

Installer (if name known): \_\_\_\_\_

Customer Signature: Lisa Bugajski