

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: EXCELLENT WORK,

CLEANED UP EVERY NIGHT.

CAN'T SAY ENOUGH GOOD

THINGS ABOUT THE WORK

9 CREW

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: 7/30/02

Name: CHARLES F. LEE

Address: 12 PIERCE DR.

City: NOVATO

Installer (if name known): _____

Customer Signature: Charles F. Lee