

# 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 as usual*

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: 2/6/2010

Name: SCOTT SCOTT

Address: 861 Newell Ave

City: FALO AHO, CA

Installer (if name known): FOOT

Customer Signature: [Signature]