

COMPLETION CERTIFICATE

OBING CON	Space wo	ork:	Cabinet	Ĭ	Counter	top			
Customer Address: City:	name: —								
Phone No	D: —								
Please rat	e your overal ex (5 as the highe	•	h us	1	2	3	4	5	
Was the work c	ompleted in a time	ly manner?			Υ		N		
Did the installer/s clean-up after themselves?				Y			N		
Would you recommend us to your friends and family?					Υ		N		
What areas cou	ıld we have improv re enjo y able?	red on to make y	your						
How would you working with us	describe your ove ?	ral experience							
May we use your name for our customer referral list?					Y				
	Designer:		Instal	ler:		,			
	certifies that all work h ything had been comp							do.	
	Noticec:	Do not sign this do	cument until y	you are ′	100% satisfie	d.			
By receiving	ng succh finalization, r referenced comaon						ith the abo	ve	
Customer Signature			Customer Signature						

Date

Date