

Installer's Completion Form

The following is to be reviewed with and signed by both the installer and the customer.

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|---|-------|
| 1. Installers arrived to the job site at the time that was given by the office? | Y / N |
| 2. Installers were respectful of customer's property and valuables? | Y / N |
| 3. Installers used drop clothes? | Y / N |
| 4. Installers cleaned up and left your property in good condition? | Y / N |
| 5. Installers were polite and professional? | Y / N |
| 6. Installers lunch break was reasonable and not too long? | Y / N |
| 7. Were you happy with the overall installation of your products? | Y / N |

If you circled NO for anything, please provide additional explanation:

Customer Name: _____

Customer Signature: _____

Installer Signature: _____



800-432-2204