



## Completion Certificate

Customer Name: \_\_\_\_\_

DATE \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

### INSTALLATION CHECKLIST

- |  |     |    |
|--|-----|----|
| 1. All repairs have been completed according to the agreed contract. | YES | NO |
| 2. All trash on property has been cleaned up and disposed of.        | YES | NO |
| 3. Installers were courteous and professional at all times.          | YES | NO |
| 4. Job was done as scheduled and in a timely fashion.                | YES | NO |

### HOMEOWNER COMMENTS

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\_\_\_\_\_  
**GLOBAL REPRESENTATIVE**

\_\_\_\_\_  
**HOMEOWNER SIGNATURE**

We feel proud that we were able to provide you with a quality product and a precise installation. We would appreciate your help in securing other satisfied customers. Please do not hesitate to provide us with names of any friends, relatives, or neighbors who may have interest in future home improvements. Our satisfied customers are our best and most effective form of advertising. We will be happy to assist anyone who is considering investing in windows, siding, doors, or roofing!

\_\_\_\_\_  
NAME ADDRESS PHONE

\_\_\_\_\_  
NAME ADDRESS PHONE