



CERTIFICATE OF COMPLETION

Name: _____

Address: _____

City: _____ State _____ Zip: _____

CLAIM NUMBER: _____

I, _____, ACKNOWLEDGE THAT THE FOLLOWING PORTION OF THE LOSS, DAMAGE, REPAIR OR OTHER WORK FOR WHICH THIS CLAIM IS MADE HAS BEEN COMPLETED TO MY TOTAL SATISFACTION.

- Total work as per estimate and signed authorization.
- Partial work as described: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PRO4MANCE: _____ DATE: _____

Per signed work authorization, Certificate of Completion must be signed and returned in order to activate warranty.

I understand I will receive \$25.00 if I complete your 5 question survey and I would like the card sent by email to _____ or mailed to

Toll Free (866) 272-4003
Fax (812) 248-0344
Customerservice@pro4mance.com