

## **Customer Acceptance Certificate**

	Customer Name:	Customer Pho	one:		-
	Customer Address:				_
	Title:				_
	Installer Name:	Installer Pho	one:		_
	Installer Address:				_
	Sales Order Number:	_			
	Project Name:		Date of Comple	tion:	_
	Project Location:				-
Dear Cu	ustomer:				
providir of satisf	We appreciate and thank you for choosing the ng the only true granulated TPR in the industry faction.	•		_	•
and/or i	We would like your feedback and welcome an installation of your Flecks® Systems.	ny questions and/or o	oncerns regard	ing your experience w	ith the products
-	This certification ensures that we continue to te and sign this customer acceptance certificate and you are completely satisfied with your	e where indicated bel	ow. This will c	ertify that the job was	
	I certify that I am completely satisfied with the	he products provided	l: Yes		
	Comments:				
	I certify that I am completely satisfied with the	he installation:	Yes	No	
	Comments:				
	e use you as a reference for future sales?  lease complete attached reference approval form)	Yes	No	_	
an electi	nic Signature: I agree that my electronic signature cronic signature, it has the same validity and mean g of my electronic signature or claim that my elect	ning as my handwritter	n signature. I wil	_	
Custom	ner Signature	_			

Please remit to: info@FlecksSystems.com or mail to: Flecks Systems, Inc., P.O. Box 185, Whiting, NJ or Fax to: +1 (732) 608-7657